

**Ryan White CARE Act  
Annual Administrative Report**

**1999**

**Title I  
Title II  
AIDS Drug Assistance Program  
Health Insurance Program**

**Health Resources and Services Administration  
HIV/AIDS Bureau**

**October 2001**

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## **Executive Summary**

Administered by the Health Resources and Services Administration's (HRSA's) HIV/AIDS Bureau (HAB), the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 (Public Law 101-381), as reauthorized in 1996 and 2000, provides funding to States and other public or private nonprofit entities to develop, organize, coordinate, and operate health systems for the delivery of essential health care and support services to medically underserved individuals and families affected by HIV disease.

Title I of the CARE Act provides emergency assistance to eligible metropolitan areas (EMAs) most severely affected by the HIV/AIDS epidemic. Title I funds may be used to provide a wide range of community-based services for persons living with HIV disease. Title II grants are awarded to States, the District of Columbia, Puerto Rico, and eligible U.S. territories using a formula based on estimated living AIDS cases<sup>1</sup> to provide health care and supportive services for people living with HIV disease. Beginning in 2001, the minimum funding level for U.S. Territories is \$50,000.

In addition to the Title II base award, all 50 States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands also receive Title II funding earmarked to support the operation of AIDS Drug Assistance Programs (ADAPs). ADAPs provide medications to low income individuals with HIV disease that have limited or no coverage from private insurance or Medicaid. The Health Insurance Program (HIP) uses Title II funding to provide health insurance coverage for people living with HIV disease (PLWH) by purchasing insurance services or by extending an individual's existing health insurance through COBRA (Consolidated Omnibus Reconciliation Act), until Medicaid or Medicare eligibility is determined. Eligible Metropolitan Areas (EMAs), funded under Title I, may also elect to support HIP programs.

This report includes descriptive information regarding: 1) characteristics of Title I and Title II grantees and providers; 2) program/organizational information for providers; 3) client demographics; and 4) services provided.

## **Title I**

### **Provider Characteristics**

Slightly more than 1,500 agencies/organizations were under contract with the 51 Ryan White CARE Act Title I Eligible Metropolitan Areas (EMAs) to provide CARE Act eligible services to HIV-positive individuals in 1999. Ninety-five percent or 1,445 of these organizations completed the Annual Administrative Report (AAR) for calendar year 1999. A majority of provider agencies were private nonprofit community-based organizations. In

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<sup>1</sup> Estimated living AIDS cases are calculated by applying annual survival weights to ten years of reported AIDS cases and summing the totals. The CDC calculates the survival weights and provides HRSA with these data as well as the most recent 10 years of reported AIDS cases.

1999, forty-six percent of Title I providers (n = 665) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.

### Clients Served

Ryan White CARE Act Title I Programs served a total of 584,614 duplicated clients in 1999. The number of duplicated new clients served was 221,687. Sixty-eight percent of the duplicated clients receiving services from CARE Act-funded Title I providers in 1999 were males. A majority of clients receiving Title I services in 1999 were members of racial/ethnic minority groups; 46 percent of the duplicated clients seen in 1999 were African American/Black (not Hispanic) and 21 percent were Hispanic/Latino. Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for one percent of the duplicated clients served in 1999. A vast majority of the duplicated clients served by Title I providers in 1999 were 20 years of age or older; 70 percent were 20 to 44 years of age and 24 percent were age 45 years or older.

### Services Provided

In 1999, clients of CARE Act Title I Programs made more than 1.1 million visits to providers of medical care services. There were 73,749 dental care visits across the 51 EMAs and 450,644 visits for mental health counseling and treatment were reported. Substance abuse counseling and treatment resulted in 855,067 visits; including both outpatient and residential treatment. Providers of rehabilitation services reported 12,205 visits and home health care providers provided clients with 221,389 visits. Face-to-face case management visits accounted for more visits than any other single type of service with 1,220,172 visits in 1999.

Among Title I medical care providers, the average number of visits per client in 1999 was 7.5 with a median of 5.5 visits. Clients receiving dental care had an average of 3.4 visits. The average number of visits among clients receiving mental health counseling and treatment was 9.3. Clients served by case management providers had an average of 10.6 visits during the 1999 reporting period. The average number of visits per client remained relatively constant for all service categories over the two year period, 1998 to 1999.

### Medical Care Providers: Provider, Client, and Service Characteristics

One-third of the 399 Title I medical care providers that reported providing services to clients in 1999 were hospitals or hospital-based clinics and 30 percent of the medical care providers were other community-based organizations. Health departments comprised 14 percent of the agencies providing medical care in 1999 and an additional 12 percent of the medical care providers were identified as community health centers. Forty-six percent of Title I medical care providers (n = 184) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.



In 1999, the medical care providers receiving Ryan White CARE Act Title I funding served a total of 213,267 duplicated clients. As in the total population of clients served by Title I, a majority of clients receiving medical care services were males (65 percent) and racial/ethnic minorities (74 percent).

Organizations providing Title I medical care services also reported offering a variety of other services to clients. Medical care providers were mostly likely to report providing face-to-face case management services to clients. Other services frequently provided to clients by medical care providers include mental health counseling and treatment, substance abuse counseling and treatment, and dental care. Support services that were most frequently provided include other counseling (not mental health), transportation, client advocacy, emergency financial assistance, food bank/home delivered meals, and housing assistance.

#### Case Management Providers: Provider and Client Characteristics

Sixty percent of the 651 organizations/agencies providing Title I face-to-face case management services in 1999 were community-based organizations. Hospitals or hospital-based clinics (17 percent) and health departments (9 percent) also provided case management services. Fifty-three percent of Title I case management providers (n = 342) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.

The case management providers receiving Ryan White CARE Act Title I funding in 1999 served a total of 325,455 duplicated clients. Sixty-seven percent of the duplicated clients who received case management services were males. A vast majority of the duplicated clients receiving case management services from Title I providers in 1999 were racial/ethnic minorities (72 percent).

## **Title II**

#### Grantee/Provider Characteristics

In 1999, 1,288 organizations/agencies funded by 52 Ryan White CARE Act Title II States and Territories to provide services to HIV-positive individuals completed the Annual Administrative Report (AAR). Fifty-four percent of the reporting agencies (n=665) were other community-based organizations, 15 percent were health departments, and another ten percent were hospitals or hospital-based clinics. The remaining Title II service providers were comprised of Community Health Centers, private solo or group practices, agencies reporting for multiple fee-for-service providers, and other public agencies. Members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in 30 percent of Title II service organizations.

### Clients Served

A total of 383,009 duplicated clients were served by Title II service providers in 1999. The number of duplicated new clients served was 138,887. Sixty-nine percent of the duplicated clients receiving services from CARE Act-funded Title II providers were males. In 1999, African Americans not of Hispanic heritage comprised 46 percent of the duplicated clients receiving Title II services. Thirty-one percent of the duplicated clients served by Title II were White (not Hispanic) and 18 percent were Hispanic/Latino. Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for one percent of the duplicated clients served. A vast majority of the duplicated clients served by Title II in 1999 were 20 years of age or older (95 percent).

### Services Provided

In 1999, there were 1,020,732 visits by clients for face-to-face case management in Title II programs; more visits than any other single type of service. Clients receiving medical care services from CARE Act Title II providers had 589,932 visits and dental care visits totaled 87,443. Grantees and their providers reported 208,974 visits by clients for mental health counseling and treatment and the provision of substance abuse counseling and treatment, including both outpatient and residential treatment, resulted in 160,428 visits. Providers of rehabilitation services reported 23,924 visits and there were 155,433 visits for home health care.

The average number of visits for medical care per client was 5.3 visits in 1999. Clients receiving dental care had an average of 3.0 visits and among clients receiving mental health counseling and treatment services, the average number of visits was 7.5. Clients receiving services from case management providers had an average of 10.1 visits. From 1998 to 1999, the average number of visits per client decreased for all services except dental care.

### Title II Medical Care Providers: Provider, Client, and Service Characteristics

Thirty-five percent of the 443 Title II organizations providing medical care in 1999 were other community-based organizations. Health departments comprised 24 percent of the agencies providing medical care, 19 percent were hospitals or hospital-based clinics, and six percent were Community Health/Mental Health Centers. Thirty-one percent of Title II medical care providers (n = 135) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.

A total of 173,873 duplicated clients received medical care services from Title II funded-providers in 1999. Males comprised 69 percent of these duplicated clients. In addition, a majority of the duplicated clients receiving medical care services from Title II providers in 1999 (68 percent) were racial/ethnic minorities. Ninety-four percent of the duplicated clients receiving medical care services were 20 years of age or older.

Organizations providing Title II medical care services like Title I medical care providers reported offering a variety of other services to clients. Medical care providers were mostly likely to report providing face-to-face case management services to clients. Other services frequently provided to clients by medical care providers include mental health counseling and treatment and dental care. Support services that were most frequently provided include other counseling (not mental health), transportation, client advocacy, emergency financial assistance, food bank/home delivered meals, and housing assistance.

#### Title II Case Management Providers: Provider and Client Characteristics

Face-to-face case management services were provided by 826 Title II organizations/agencies in 1999. Fifty-seven percent of these providers were other community-based organizations. Health departments comprised 19 percent of the case management providers and 10 percent were identified as hospitals or hospital-based clinics.

Case management providers receiving Ryan White CARE Act Title II funding in 1999 served a total of 273,533 duplicated clients. Males comprised 69 percent of the duplicated clients receiving these services and a majority of the duplicated clients receiving case management services were racial/ethnic minorities (67 percent).

### **AIDS Drug Assistance Program (ADAP)**

#### Clients Served

In 1999, State AIDS Drug Assistance Programs (ADAPs) served 118,462 enrolled clients, an increase of 15 percent from the 103,155 clients served in 1998. Twenty-eight percent of the clients served by ADAP were first enrolled in 1999. A majority of clients served by ADAP were males (78 percent). A total of 92,858 males received assistance from ADAP representing a 13 percent increase in the number of males served from 1998 to 1999. There also was a substantial increase in the number of females served.

In 1999, 59 percent of the clients enrolled in ADAP were racial/ethnic minorities. The number of African Americans served by ADAP increased 16 percent from 1998 (n = 30,877) to 1999 (n = 35,689). Increases in the number of clients enrolled in ADAP also were noted for White (non-Hispanic), Asian/Pacific Islander, and American Indian/Alaska Native clients. Ninety-eight percent of clients enrolled in ADAP were 20 years of age or older.

#### Funding and Expenditures

Ryan White CARE Act ADAP funding has increased 96 percent from approximately \$253 million in 1997 to nearly \$496 million in 1999. CARE Act funding for ADAP increased 47 percent from 1998 to 1999. In 1999, approximately 96 percent of all State ADAP expenditures were for drugs. The remaining 4 percent was spent on administration and ancillary devices.

State ADAPs spent 90 percent of the \$545,053,347 in total drug expenditures on antiretroviral medications, a slight increase from 1998 when 87 percent of total drug expenditures were for antiretroviral drugs.

## **Health Insurance Program (HIP)**

### Providers and Funding

The total number of Health Insurance Programs (HIP) has increased over the past three years, with the largest expansion of the program occurring in 1999. During calendar year 1999, a total of 44 States and Title I Eligible Metropolitan Areas (EMAs) provided clients with a HIP. Increases in the total number of States and EMAs participating in HIP is also reflected in the rise in funding allocated to this program. From FY 1997 to FY 2000, HIP funding increased by 104 percent among states and 113 percent among EMAs.

### Client Characteristics

A total of 9,735 clients received assistance through HIP in 1999; 35 percent of these clients participated in HIP for the first time in 1999. From 1997 to 1999, the total number of clients benefiting from HIP increased by 46 percent. There was a 25 percent increase in participants from 1998 to 1999.

Approximately two-thirds (67 percent) of HIP clients in 1999 were identified as White, non-Hispanic. African American (non-Hispanic) and Hispanic clients comprised 16 percent, and 14 percent of the clients served by HIPs, respectively. Although the majority of HIP clients identified themselves as White (non-Hispanic), this group experienced the smallest growth over time. The number of White (non-Hispanic) clients served by HIP only increased by 34 percent from 1997 through 1999, while the number of African American and Hispanic clients increased by 68 percent and 47 percent, respectively.

# **Introduction**

## **CARE Act Overview**

The Ryan White CARE Act of 1990 (Public Law 101-381), as reauthorized in 1996 and 2000, provides funding to States and other public or private nonprofit entities to develop, organize, coordinate, and operate health systems for the delivery of essential health care and support services to medically underserved individuals and families affected by HIV disease.

The CARE Act includes the following major components:

- Title I: funding to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic;
- Title II: formula funding to States and territories to improve the quality, availability, and organization of health care and support services for people living with HIV disease;
- Title III: funding to public and private nonprofit organizations for outpatient HIV early intervention services;
- Title IV: funding to public and private nonprofit organizations for the coordination of services and enhanced access to research by women, children, adolescents, and families infected or affected by HIV disease; and
- Part F: funding for the AIDS Education and Training Centers (AETCs); the Dental Reimbursement Program; and Special Projects of National Significance (SPNS) research and demonstration programs.

All CARE Act programs, administered by the Health Resources and Services Administration's (HRSA's) HIV/AIDS Bureau (HAB) are managed within the context of four major characteristics of the Nation's health care system that have been highlighted by the Associate Administrator of HAB. These observations include the following:

- The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations;
- The quality of emerging HIV/AIDS therapies can make a difference to the lives of people living with HIV disease;

- Changes in the economics of health care are affecting the HIV/AIDS care network; and
- Outcomes are a critical component of program performance.

## Title I

Title I of the CARE Act provides emergency assistance to eligible metropolitan areas (EMAs) most severely affected by the HIV/AIDS epidemic. To be eligible, an area must have reported more than 2,000 cumulative AIDS cases during the past 5 years; and have a population of at least 500,000. (The population provision does not apply to any EMA designated and funded prior to Fiscal Year (FY) 1997.)

Title I funds may be used to provide a wide range of community-based services for persons living with HIV disease, including the following:

- Outpatient and ambulatory health services, including medical and dental care as well as substance abuse and mental health counseling and treatment;
- Outreach activities necessary to identify persons with HIV/AIDS who are aware of their HIV status but are not receiving care and early intervention services that include counseling and testing and referral services for populations at high risk for HIV and provide care linkages<sup>2</sup>;
- Support services such as case management, housing and transportation assistance, nutrition services, and day/respite care to the extent that these support services facilitate, enhance, support or sustain delivery, continuity or benefits of health services; and
- Inpatient case management services that expedite discharge and prevent unnecessary hospitalization.

Providers may include public or nonprofit entities; private for-profit entities are eligible only if they are the only available provider of quality HIV care in the area.

Title I grants are awarded to the Chief Elected Official (CEO) of the city or county that is administrator for the health agency providing services to the greatest number of people living with HIV in the EMA. The CEO usually designates an administrative agent (often the local health department) to select service providers and administer contracts. The CEO or grantee establishes intergovernmental agreements with other political subdivisions within the EMA that provide HIV services and include ten percent or more of the EMA's total AIDS cases.

The CEO is required to establish an HIV Health Services Planning Council. The planning council sets service priorities for the allocation of funds based on the size and demographics

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<sup>2</sup> A new provision under the CARE Act Amendments enacted October 2000.

of the HIV population within the EMA. Planning councils must also develop a comprehensive plan for the provision of services that include strategies for identifying HIV-positive individuals not in care as well as strategies for coordinating services funded under existing prevention and substance abuse treatment programs.

Planning council membership is required to be reflective of the local epidemic and include representatives from a variety of specific groups such as health care agencies and community-based providers. Planning councils are also required to have a minimum of 33 percent of their members be individuals receiving HIV related services funded through the CARE Act. This increase in the required inclusion of and participation by people living with HIV on planning councils came as part of the newly reauthorized CARE Act in 2000.

Title I funding includes formula and supplemental components: 1) Formula grants, awarded based on the estimated number of people living with AIDS in the EMA over the most recent 10-year period; and 2) Supplemental grants, awarded competitively based on a demonstration of severe need and other criteria. For example, beginning in the Federal Fiscal Year (FY) 1999, the Title I program along with other programs authorized under the CARE Act, received additional appropriations targeted toward communities of color.

Funding for this Minority AIDS Initiative (MAI) was appropriated in recognition of the ever-increasing impact of the HIV/AIDS epidemic among communities of color. Supplemental funds for the Title I portion of the MAI in FY 1999, FY 2000, and FY 2001 were \$5 million, \$26.5 million, and \$34 million, respectively.

Since FY 1991, more than \$4 billion has been appropriated to the Title I program; in FY 2001, the 51 EMAs were awarded \$604 million in formula and supplemental funds.

## Title II

Title II grants are awarded to States, the District of Columbia, Puerto Rico, and eligible U.S. territories to provide health care and supportive services for people living with HIV disease. Title II grant amounts are determined using a formula based on the estimated number of living AIDS cases. Grants are awarded to the State agency designated by the governor to administer Title II, usually the state health department.

States with more than one percent of the total AIDS cases reported nationally during the previous 2 years are required to contribute their own resources to match the Federal grant,

based on a formula outlined in the legislation. Title II funds may be used to support a wide range of services:

- Direct health and support services;
- Home and community-based health care and supportive services;
- Continuum of health insurance coverage, through either a Health Insurance Program (HIP) or provision of medical benefits under a HIP, including high risk pools;
- Pharmaceutical treatments, through the ADAP Program; and
- HIV care consortia that assess needs, organize and deliver HIV services in consultation with service providers, and contract for services.

Like Title I grantees, the reauthorized CARE Act (2000) permits Title II grantees to support early intervention services as well as outreach activities for HIV-positive persons who know their status but are not in care.

States are required to spend a portion of their Title II award to provide medications to treat HIV disease, including drugs for the prevention and treatment of opportunistic infections. States also are required to document their progress in making therapeutics available to people with HIV disease who are eligible for assistance.

Providers may be public or nonprofit entities; private for-profit entities are eligible only if they are the only available provider of quality HIV care in the area. Most states provide some services directly and others through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and supportive service providers and community-based organizations. Collectively, members of the consortium plan, develop, and deliver services for people living with HIV disease.

Required planning activities for all consortia include conducting needs assessments, developing a plan, and setting service priorities to meet the identified needs. In addition, consortia must promote coordination and integration of community resources to address the needs of all affected populations, assure the provision of comprehensive outpatient health and supportive services, and evaluate the success and cost-effectiveness of the consortium in responding to service needs. States are also required to have a process in place that periodically convenes people living with HIV disease, representatives of other CARE Act grantees, providers, and public health agencies to develop a Statewide Coordinated Statement of Need (SCSN).

### ADAP

In addition to the base award, all 50 States, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands also receive Title II funding earmarked to support the operation of AIDS Drug Assistance Programs (ADAPs). ADAPs provide medications to low income



individuals with HIV disease that have limited or no coverage from private insurance or Medicaid. A formula based on estimated living AIDS cases is used to award ADAP funds to States and territories. Three percent of the ADAP earmark is reserved for supplemental grants to States and Territories with demonstrated severe need that prevents them from providing HIV medications to clients that are consistent with Public Health Service Guidelines. ADAP funds may also be used to purchase health insurance for eligible persons. States may also elect to use Title II base funds for their ADAP.

Each State and Territorial ADAP decides which medications will be included in its formulary and how medications will be distributed. In addition, individual State and Territorial ADAPs establish their own eligibility criteria. Documentation of HIV status is a requirement of all ADAPs. The use of other clinical criteria and income levels to determine ADAP eligibility vary by State.

### HIP

The Health Insurance Program (HIP) uses Title II funding to provide health insurance coverage for people living with HIV disease (PLWH) by purchasing insurance services or by extending an individual's existing health insurance coverage through COBRA (Consolidated Omnibus Reconciliation Act), until Medicaid or Medicare eligibility is determined. Eligible Metropolitan Areas (EMAs), funded under Title I, may also elect to support HIP programs.

Since 1997, the HIV/AIDS Bureau (HAB) has issued three policies on funding health insurance premiums for low income PLWH. These include:

- Enabling Title I and II grantees to pay family health insurance premiums to ensure health insurance continuation for a family member with HIV (HAB Policy Notice 97-01);
- Allowing Title I and II grantees to pay for public or private health insurance co-payments and deductibles for PLWH (HAB Policy Notice 97-02); and
- Allowing Title II ADAP grantees to purchase health insurance services that include comprehensive primary care and the full range of HIV treatments (HAB Policy Notice 99-01).

HIPs often work closely with public programs to transition clients as they become eligible for public benefits.

HIP plays an important role in enhancing the continuity and comprehensiveness of care for persons living with HIV/AIDS by allowing Title II ADAPs to purchase health insurance services that include the full range of HIV treatment (pharmaceuticals) and primary care services. HIP maintains a continuum of health care services coverage for participants, which enables them to receive early and ongoing clinical treatment for HIV. HIP also promotes the sharing of costs associated with providing care to HIV-positive persons across private and public health insurance programs, thus reducing the fiscal impact on publicly funded

programs. HIP is beneficial to clients; it forestalls or possibly eliminates the necessity of clients who are eligible for COBRA using all of their resources before becoming Medicaid-eligible. In addition, the program allows clients to continue working part-time without risking a loss of insurance coverage. This is in contrast to public health insurance (e.g., Medicaid) where rising income results in a loss of eligibility and services. Finally, HIP provides assistance until persons disabled by HIV disease can qualify for Medicaid or Medicare.

Many HIPs share the following characteristics:

- Eligibility criteria include an HIV diagnosis, maximum income (as a percentage of the Federal poverty level), a cap on assets, and residency within a State;
- Coverage of HIV-related care and prescription drug costs;
- Coverage of COBRA premiums;
- Continuation of premium payments when COBRA group coverage expires; and
- Exclusion of Medicaid-eligible individuals since the Ryan White CARE Act is the payer of last resort.

The implementation criteria for HIP may vary from State to State because State law primarily governs health insurance.

Since FY 1991, more than \$4.3 billion in Title II funding has been appropriated. This includes \$2.08 billion in earmarked funds made available since FY 1996 in response to the rapid growth in ADAP clients and costs, and to expand access to newly available treatments. Title II grantees received a total of \$911 million in FY 2001, which includes \$589 million for ADAP funding.

## **Data Collection and Submission Process**

Title I and Title II grantees are expected to have mechanisms in place to collect and analyze data for reporting and to guide program management. Part of each grantee's and provider's data collection activities include the submission of annual administrative reports to HRSA's HIV/AIDS Bureau by March of each year.

Information submitted by grantees via their annual aggregate program data reports currently includes the following:

- contact information for providers receiving funds from Title I and/or Title II grantees;
- provider program and organizational information (e.g., type of organization, ownership status);

- number of clients served and client demographics;
- services information (e.g., number of clients receiving eligible or funded services and number of health care visits by type of service); and
- fiscal information.

When reporting the number of clients served and the number of client visits by type of service, providers have the option of reporting on *eligible* or *funded* services. (See Figure 1 for a list of services for which Ryan White CARE Act Title I and Title II funds may be used.) If grantees and providers report on eligible services, they are reporting on any service permitted under Title I and Title II, regardless of whether or not they use their CARE Act Title I and Title II funds to pay for these services. Conversely, if grantees and providers report on funded services, the data they report only includes those services permitted or eligible services under Title I and II that were actually paid for using Title I and II grant funds.

Figure 1. Ryan White CARE Act Eligible Services, 1999

- |   |  |
|---|--|
| ▪ Medical Care                                  | ▪ Buddy/Companion Services                         |
| ▪ Dental Care                                   | ▪ Client Advocacy                                  |
| ▪ Mental Health Treatment/Therapy or Counseling | ▪ Day/Respite Care                                 |
| ▪ Substance Abuse Treatment/ Counseling         | ▪ Emergency Financial Assistance                   |
| ▪ Case Management (face-to-face)                | ▪ Housing Assistance                               |
| ▪ Other Case Management (not face-to-face)      | ▪ Food Bank/Home-delivered Meals                   |
| ▪ Rehabilitation Services                       | ▪ Transportation Services                          |
| ▪ Home Health Services (paraprofessional care)  | ▪ Service Outreach/Secondary Prevention Counseling |
| ▪ Home Health Services (professional care)      | ▪ Other Counseling (not mental health)             |
| ▪ Home Health Services (specialized care)       | ▪ Permanency Planning                              |
| ▪ Residential or In-home Hospice Care           | ▪ Other Support Services                           |

Providers are encouraged to report on all clients who received services eligible for Title I or II funding, regardless of the actual funding source used to pay for these services. Reporting services in this broad manner provides a comprehensive picture of the services being delivered to HIV-positive clients.

In addition to contracting with organizations to provide these eligible services, grantees may also contract with agencies to provide planning and/or evaluation services as well as program or fiscal support.

Grantees and their providers have the option of reporting their data in one of three ways: paper forms, computer diskette, or via the Internet. The online option first became available for the 1998 Reporting Year.

It should be noted that HRSA's HIV/AIDS Bureau (HAB) has developed a single data reporting system in order to streamline and simplify reporting by Ryan White CARE Act grantees while establishing a minimum set of data reporting requirements for all CARE Act Title programs. This new system, the Ryan White CARE Act Data Report, integrates the individual aggregate data report formats that have historically been completed separately by Title I, Title II, Title III, and Title IV grantees into one annual aggregate reporting system. Modifications have been made to these individual Title data report forms in order to reduce burden and standardize data collected across Titles. In so doing, CARE Act programs can be examined as a whole to provide a more detailed account of the types of clients served and services utilized.

Currently, RW CAREWare, a software package, allows grantees and service providers to collect individual client level data and then generate the appropriate annual aggregate report for HAB. CAREWare will be modified to allow grantees to report data as specified in the new Ryan White CARE Act Data Report. Grantees will begin using the data report format in January 2002 to collect data for calendar year 2002, with data submission beginning in early 2003.

Readers of this report should note that the client counts are duplicated. Title I and Title II grantees have numerous providers under subcontract and each of these providers completes the same annual administrative report. The providers report data to the grantees and grantees then submit that data to HRSA/HAB. Each grantee submits all of its providers' reports to HRSA/HAB along with its own data. While data are unduplicated at the provider level, any summary of the total number of clients served and their demographic characteristics at the grantee or national level results in duplicated client counts.

This report includes descriptive information regarding: 1) characteristics of Title I and Title II grantees and providers; 2) program/organizational information for providers; 3) client demographics; and 4) services provided.

# Title I

## Grantee/Provider Characteristics

In 1999, the 51 Ryan White CARE Act Title I Eligible Metropolitan Areas (EMAs) contracted with slightly more than 1,500 agencies/organizations to provide CARE Act eligible services to HIV-positive individuals. Ninety-five percent or 1,445 of the organizations funded to provide services under Title I completed the Annual Administrative Report (AAR) for calendar year 1999.

As seen in Table 1, 873 or 61 percent of the reporting agencies were community-based organizations other than Community Health and Community Mental Health Centers. Twelve percent of the provider organizations serving HIV-positive clients in 1999 were hospitals or hospital-based clinics and 7 percent were health departments. Community Health Centers comprised 5 percent of the Title I providers reporting AAR data in 1999 and Community Mental Health Centers represented another 2 percent of reporting provider organizations. Data on provider characteristics by EMA are presented in Appendix Table I-1.

Table 1. Types of Title I Provider Organizations/Agencies Serving Clients in 1999\*

Type of Provider Organization/Agency	Number	Percent
Hospital or Hospital-based Clinic	179	12%
Community Health Center	69	5%
Community Mental Health Center	23	2%
Other Community-based Organization	873	61%
Health Department	98	7%
Other Public Agency	41	3%
Solo or Group Private Practice	22	1%
Agency Reporting for Multiple Fee-for-Service Providers	11	1%
Other	119	8%
Total	1,435	100%

\*Type of provider organization/agency data are unknown for eight reporting providers.

The vast majority of organizations providing client services in 1999 were private nonprofit entities. (See Table 2.) Eighty-one percent or 1,146 of the 1,418 organizations reporting ownership status were private nonprofit corporations. Public agencies at the local, State, and Federal level account for 16 percent (n = 234) of the providers serving clients through Title I funding. Private for-profit organizations comprised 2 percent of the service providers in 1999. Grantees may contract with for-profit entities only when nonprofit providers are not available for a given service.

Table 2. Ownership Status of Title I Provider Organizations/Agencies

Ownership Status	Number	Percent
Public Agency – Local	158	11%
Public Agency – State	70	5%
Public Agency – Federal	6	*
Private Nonprofit	1,146	81%
Private For-profit	28	2%
Unincorporated	6	*
Agency Reporting for Multiple Fee-for-Service Providers	4	*

\*Less than 1 percent.

Ninety-eight percent of the community-based organizations (CBOs) providing services for HIV-positive clients in 1999 (n = 848) were private nonprofit entities. Eleven CBOs were public entities and six were for-profit organizations. Hospitals or hospital-based clinics were predominately private nonprofit (64 percent) or publicly owned (35 percent) organizations. Only two hospitals were private for-profit facilities. Community health centers and community mental health centers were more likely to be private nonprofit agencies, 78 percent and 83 percent respectively. Fifty percent of the 22 solo/group private practice providers reported private nonprofit ownership status; 27 percent were public entities; and 18 percent or 5 of the solo/group private practice providers were private for-profit providers.

In 1999, forty-six percent of Title I providers (n = 665) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization. As seen in Table 3, 62 percent of the Community Health Centers, 52 percent of the other community-based organizations, and 37 percent of the hospital/hospital-based clinics reporting data in 1999 indicated that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.

Table 3. Types of Title I Provider Organizations Serving Clients by Minority Status\*

Type of Provider Organization/Agency	Members of Minority Racial/Ethnic Groups Constitute a Majority of the Organization's Governing Board and/or Professional Staff	
	Number	Percent of Providers
Hospital or Hospital-based Clinic	67	37%
Community Health Center	43	62%
Community Mental Health Center	8	35%
Other Community-based Organization	451	52%
Health Department	28	29%
Other Public Agency	14	34%
Solo or Group Private Practice	11	50%
Agency Reporting for Multiple Fee-for- Service Providers	4	36%
Other	36	30%
Total	662	46%

\*Type of provider organization/agency data are unknown for three providers.

Among the 1,445 providers reporting AAR data in 1999, the average number of paid FTEs on staff was 9.8. The number of paid FTEs ranged from 0 to 200 with a median of 4. (See Table 4.) On average, provider organization reported having 9.2 FTEs in volunteer staff with a median of 0 and a range of 0 to 3,200.

Table 4. Average Number of Paid and Volunteer Staff FTEs Per Title I Provider

	Provider Organization Staff FTEs	
	Paid	Volunteer
Mean	9.8	9.2
Median	4.0	0.0
Range	0.0 – 200.0	0.0 – 3,200.0
(N)	(1,445)	(1,445)

In 1999, 61 percent of provider organizations (n = 886) reported data on all clients receiving services eligible for Title I funding, regardless of whether or not they used CARE Act Title I funds to pay for these services. Thirty-four percent (n = 493) reported on funded services only and the reporting scope was unknown for 5 percent of providers.

## Clients Served

In 1999, the 51 EMAs receiving Ryan White CARE Act Title I funding served a total of 584,614 duplicated clients. (As previously noted, any summary of the total number of clients served and their demographic characteristics at the grantee or national level results in duplicated client counts.) Ninety-five percent of the 1,445 providers reporting 1999 AAR data (n = 1,375) provided direct client services. The number of clients served by these providers ranged from 1 to 12,718. The number of duplicated new clients served was 221,687. Among the organizations providing direct client services, the number of new clients ranged from 0 to 6,311.

## Client Characteristics

### Gender

Sixty-eight percent of the duplicated clients receiving services from CARE Act-funded Title I providers in 1999 were males. (See Table 5.) The percentage of duplicated female clients served has increased over time, from 30 percent in 1996 to 32 percent in 1999.

Table 5. Characteristics of Duplicated Clients Served by Title I Providers

Demographic Characteristics	Number	Percent
<u>Gender</u>		
Male	393,673	68%
Female	185,256	32%
<u>Race/Ethnicity</u>		
White (not Hispanic/Latino)	179,451	31%
African American/Black (not Hispanic/Latino)	263,256	46%
Hispanic/Latino	120,286	21%
Asian/Pacific Islander	6,861	1%
American Indian/Alaska Native	4,402	1%
Other	1,879	*
<u>Age</u>		
0 – 12 years	20,698	4%
13 – 19 years	13,618	2%
20 – 44 years	406,361	70%
45 years or more	136,265	24%

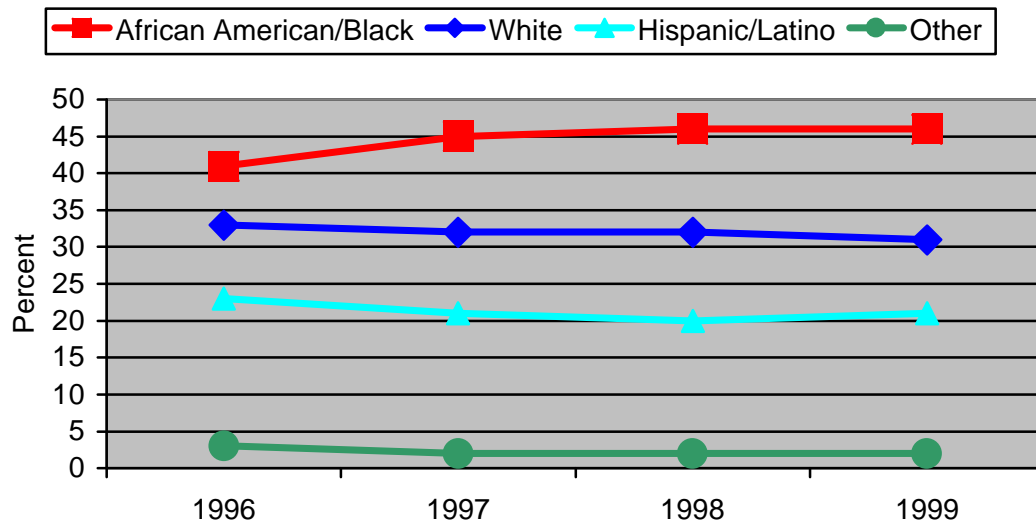
\* Less than 1 percent.



### Race/Ethnicity

In 1999, 46 percent of the duplicated clients receiving Title I services were African American/Black (not Hispanic), 31 percent were White (not Hispanic), and 21 percent were Hispanic/Latino. Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for one percent of the duplicated clients served in 1999. (See Table 5.) The racial/ethnic percentage distribution of duplicated clients served by Title I providers has changed over time. (See Figure 2.) The percentage of duplicated clients served who are identified as African American/Black increased from 41% in 1996 to 46% in 1999. Over the same time period, the percentage of White duplicated clients served declined slightly from 33% to 31%. The percentage of Hispanic/Latino duplicated clients also declined from 23% in 1996 to 21% in 1999.

Figure 2. Percentage Distribution of Duplicated Title I Clients Served by Race/Ethnicity



### Age

As seen in Table 5, a vast majority of duplicated clients served by Title I providers (70 percent) in 1999 were 20 to 44 years of age. People age 45 years or older accounted for 24 percent of the duplicated clients served by the 51 Title I EMAs in 1999. Table I-2 through Table I-5 in the appendix present the number of duplicated clients served and their demographic characteristics served by EMA.

## Service Characteristics

Organizations providing one or more health care and/or case management services report the number of clients receiving each service as well as the total number of visits per service. As previously discussed, providers have the option of reporting on *eligible* or *funded* services when reporting these data. The number and percent of service organizations providing health care and case management services is presented by reporting scope in Table 6. This distinction will be important as some of the 1999 service utilization data are presented.

In 1999, 399 organizations reported providing medical care to HIV-infected persons. Sixty-one percent of these providers reported data on all services eligible for Title I funding regardless of whether or not they used CARE Act Title I funds to pay for these services. Thirty-four percent reported on funded services. Of the 170 organizations providing dental care, 55 percent reported data on all eligible services. Mental health counseling and treatment was provided by 441 organizations with 65 percent reporting on all eligible services. Three hundred organizations provided substance abuse counseling and treatment services; 61 percent of these providers reported data on eligible services. Sixty-two percent of the 651 organizations providing case management services, 64 percent of those providing home health services and 65 percent of rehabilitation services providers reported data on all eligible services.

Table 6. Number and Percent of Title I Providers by Reporting Scope for Health Care and Case Management Services\*

Type of Service	Reporting Scope						Total
	Eligible		Funded		Unknown		
	N	%	N	%	N	%	
Medical Care	242	61%	137	34%	20	5%	399
Dental Care	93	55%	71	42%	6	3%	170
Mental Health Counseling And Treatment	288	65%	138	31%	15	3%	441
Substance Abuse Counseling and Treatment	182	61%	107	36%	11	4%	300
Home Health Services	66	64%	35	34%	2	2%	103
Rehabilitation Services	13	65%	6	30%	1	5%	20
Case Management (Face-to-Face)	405	62%	216	33%	30	5%	651

\*Providers may offer multiple services; a provider may be included in more than one service category.

In 1999, clients of CARE Act Title I programs made more than 1.1 million visits to providers of medical care services. (See Table 7.) There were 73,749 dental care visits in 1999 across the 51 EMAs. Grantees and their providers reported 450,644 visits by clients for mental health counseling and treatment. Substance abuse counseling and treatment resulted in 855,067 visits; including both outpatient and residential treatment. Providers of rehabilitation services reported 12,205 visits and home health care providers served clients with 221,389 visits. Face-to-face case management visits accounted for more visits than any other single type of service with 1,220,172 visits in 1999.

Table 7. Number of Visits for Title I Health Care and Case Management Services

Service	Number of Visits
Medical Care	1,117,309
Dental Care	73,749
Mental Health Counseling and Treatment	450,644
Substance Abuse Counseling and Treatment	855,067
Rehabilitation Services	12,205
Home Health Care	221,389
Case Management (Face-to-Face)	1,220,172

The average number of visits per client by type of service is presented in Table 8. For each service type, the actual number of providers serving clients is higher. However, the average number of visits per client was calculated only for those providers reporting valid data for both number of clients served and number of visits. Providers may offer multiple services; thus, a provider may be included in more than one service category.

Among the 385 medical care providers with valid numbers of clients and visits data, the average number of visits per client in 1999 was 7.5 with a median of 5.5 visits. The average number of medical care visits ranged from 1.1 to 60.1 visits. Clients receiving dental care had an average of 3.4 visits. The median number of dental visits was 2.7 and among the 96 providers of dental care with valid data, the number of visits per client ranged from 1.1 to 15.8.

In 1999, the average number of visits among clients receiving mental health counseling and treatment was 9.3 with a median of 7.1 visits and a range of 1.1 to 73.1 visits per client. Among clients receiving substance abuse counseling and treatment, the average number of visits was 30.1. This figure must be interpreted with caution; visits for substance abuse

services include both outpatient and residential care. In a residential treatment setting, visits are often counted in terms of inpatient days. (Beginning with the 2000 Annual Administrative Report, outpatient and residential substance abuse treatment data are collected separately.) The median number of visits for substance abuse treatment was 10.2 and the number of visits per client ranged from 1.0 to 428.0. Clients served by case management providers had an average of 10.6 visits with a median of 6.1 visits and a range of 1.1 to 373.7 visits per client.

Table 8. Average Number of Visits Per Client by Type of Title I Service

	Medical Care	Dental Care	Mental Health Services	Substance Abuse Treatment	Case Management
Number of Providers	385	96	412	277	624
Average Number of Visits per Client	7.5	3.4	9.3	30.1	10.6
Median Number of Visits per Client	5.5	2.7	7.1	10.2	6.1
Range	1.1 - 60.1	1.1 - 15.8	1.1 - 73.1	1.0 - 428.0	1.1 - 373.7

A comparison of the average number of visits per client by type of service in 1998 and 1999 is seen in Table 9. The average number of visits per client remained relatively constant for all service categories over the two-year period. While the average number of visits per client for mental health and substance abuse services declined slightly, average visits per client for medical care, dental care and case management increased.

Table 9. Average Number of Visits Per Client by Type of Title I Service, 1998-1999

Type of Service	Average Number of Visits per Client	
	1998	1999
Medical Care	7.05	7.50
Dental Care	3.36	3.40
Mental Health Counseling and Treatment	10.99	9.30
Substance Abuse Counseling and Treatment	31.31	30.10
Case Management	9.93	10.60

Providers of support services report on the number of clients served during the reporting year. The number of organizations/agencies providing each eligible support service as well as the number of duplicated clients served is seen in Table 10. Tables I-6 and I-7 in the appendix present service characteristics by EMA.

Table 10. Number of Duplicated Clients Served by Type of Title I Support Service

Service	Number of Providers		Number of Duplicated Clients Served
	Total	Reporting Valid Data*	
Service Outreach	274	274	226,470
Other Counseling, not Mental Health	364	328	70,615
Food Bank, Home-delivered Meals	279	264	88,278
Client Advocacy	349	333	80,567
Transportation	383	365	62,436
Housing Assistance	267	259	31,926
Emergency Financial Assistance	253	249	42,833
Buddy Companion Services	129	128	12,572
Respite/Day Care	111	111	6,749
Permanency Planning	60	57	5,148
Hospice	56	53	1,013
Other services	357	327	77,727

\* Data on the number of clients served reported by some support service providers were invalid. Data reported in this table are based on valid reports only.

## Medical Care Providers: Provider, Client, and Service Characteristics

As previously noted, a total of 399 medical care providers reported providing services to clients in 1999. The characteristics of these providers and clients are presented in this section.

### Provider Characteristics

As seen in Table 11, 132 or 33 percent of the organizations providing medical care were hospitals or hospital-based clinics. Thirty percent of the medical care providers were other community-based organizations. Health departments comprised 14 percent of the agencies providing medical care in 1999 and an additional 12 percent of the medical care providers were identified as community health centers.

Table 11. Types of Title I Medical Care Providers Serving Clients in 1999\*

Type of Provider Organization/Agency	Number	Percent
Hospital or Hospital-based Clinic	132	33%
Community Health Center	47	12%
Other Community-based Organization	119	30%
Health Department	55	14%
Other Public Agency	7	2%
Solo or Group Private Practice	8	2%
Agency Reporting for Multiple Fee-for-Service Providers	8	2%
Other	18	5%
Total	394	100%

\*Type of provider organization/agency data are unknown for five medical care providers.

In 1999, 66 percent of the organizations/agencies providing medical care services were private nonprofit entities. (See Table 12.) Public agencies at the local, state and federal level accounted for 30 percent (n = 126) of the Title I funded-providers of medical care. Forty-six percent of Title I medical care providers (n = 184) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.

Table 12. Ownership Status of Title I Medical Care Providers\*

Ownership Status	Number	Percent
Public Agency – Local	85	22%
Public Agency – State	37	9%
Public Agency – Federal	4	1%
Private Nonprofit	259	66%
Private For-profit	5	1%
Agency Reporting for Multiple Fee-for-Service Providers	1	**

\*Ownership status data are unknown for eight medical care providers.

\*\*Less than 1 percent.

The average number of paid FTEs on staff among the 399 providers of medical care services was 13.3. This is slightly higher than the average of 9.8 paid FTEs found among all Title I service providers. Among organizations providing medical care, the number of paid FTEs ranged from 0 to 197 with a median of 7. (See Table 13.) On average, medical care providers reported having 3.9 FTEs in volunteer staff compared to the 9.2 volunteer staff

FTEs found among all Title I service providers. The number of volunteer staff FTEs ranged from 0 to 800 with a median of 0.

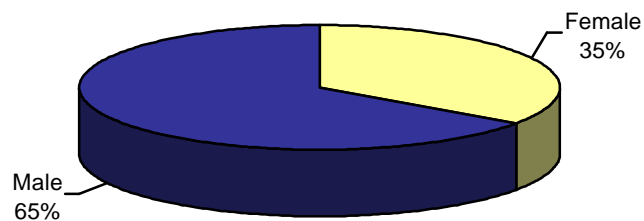
Table 13. Average Number of Paid and Volunteer Staff FTEs Per Title I-Funded Providers of Medical Care Services

	Provider Organization Staff FTEs	
	Paid	Volunteer
Mean	13.3	3.9
Median	7.0	0.0
Range	0.0 – 197.0	0.0 – 800.0
(N)	(399)	(399)

### Clients Receiving Medical Care Services

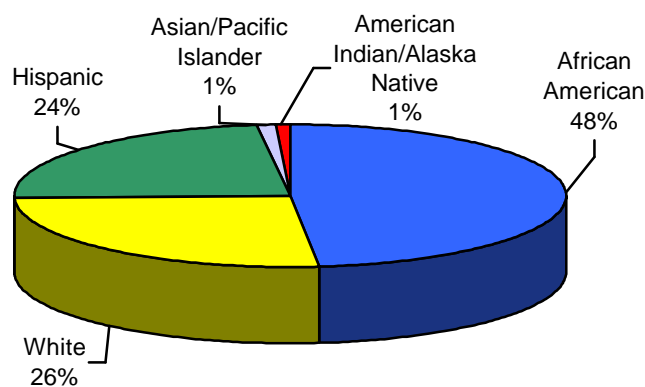
In 1999, the medical care providers receiving Ryan White CARE Act Title I funding served a total of 213,267 duplicated clients. The number of clients served by these medical care providers ranged from 10 to 8,935. The number of duplicated new clients served was 66,865. Among the organizations providing medical care services, the number of new clients ranged from 0 to 1,777.

Figure 3. Gender of Duplicated Clients Receiving Medical Care Services from Title I-Funded Providers in 1999



As seen in Figure 3, 65% of the duplicated clients who received medical care services from Ryan White Title I funded-providers in 1999 were males. A vast majority of the duplicated clients receiving medical care services from Title I providers in 1999 were racial/ethnic minorities. Seventy-four percent of the duplicated clients seen for medical care were minorities; 48 percent were African American and 24 percent were Hispanic. (See Figure 4.) Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for one percent of duplicated clients seen for medical care.

Figure 4. Race/Ethnicity of Duplicated Clients Receiving Medical Care Services from Title I-Funded Providers in 1999



Seventy-one percent of the duplicated clients receiving medical care services from Title I funded-providers in 1999 were 20 to 44 years of age. (See Table 14.) Clients less than 20 years old only accounted for six percent of those receiving medical care; four percent were 0 to 12 years of age and two percent were between 13 and 19 years old. Duplicated clients age 45 years or older comprised 23 percent of those receiving medical care from a Title I-funded organization.

Table 14. Age of Duplicated Clients Receiving Medical Care Services from Title I-Funded Providers in 1999

Age	Number	Percent
0 – 12 years	9,044	4%
13 – 19 years	3,755	2%
20 – 44 years	149,669	71%
45 years or more	49,770	23%
Total	212,238	100%



### Service Provision by Medical Care Providers

The other types of services being provided by medical care providers can be examined by reporting scope. In 1999, 61 percent of organizations providing medical care (n = 242) reported data on all clients receiving services eligible for Title I funding, regardless of whether or not they used CARE Act Title I funds to pay for these services. Thirty-four percent (n = 137) reported on funded services only and the reporting scope was unknown for 5 percent of medical care providers.

The number of services provided by the medical care providers reporting on all eligible services ranged from one service only (medical care) to 19 services with an average of 5.5 eligible services provided and a median of 5.0 eligible services. (See Table 15.) Eighty-eight percent of the medical care providers reporting on eligible services provided one or more eligible services in addition to medical care services. Among medical care providers reporting funded services only, the number of services provided ranged from one service only (medical care) to 15 services with an average of 5.5 services and a median of 5.0.

Table 15. Total Number of Services Provided by Title I Medical Care Providers by Reporting Scope

Number of Eligible Services Provided	Reporting Scope					
	Eligible		Funded		Unknown	
	N	%	N	%	N	%
1 (Medical care only)	28	12%	11	8%	--	--
2	19	9%	16	12%	1	5%
3	21	9%	18	13%	4	20%
4	41	17%	14	10%	2	10%
5	26	11%	25	18%	6	30%
6	26	11%	13	9%	2	10%
7	25	10%	8	6%	--	--
8	15	6%	4	3%	--	--
9	11	5%	6	4%	2	10%
10 or more	30	12%	22	16%	3	15%

The other types of services provided by medical care providers are seen by reporting scope in Table 16. Sixty-five percent of medical providers reporting on eligible services and 69 percent of those reporting on funded services only also provided face-to-face case management services to clients. Medical care providers also reported offering other health care services to clients. In 1999, 52 percent of the medical care providers reporting on eligible services provided mental health counseling and treatment, 29 percent provided substance abuse counseling and treatment, and 26 percent provided dental care. Among

medical care providers reporting on funded services only, 45 percent provided mental health counseling and treatment, 41 percent provided dental care, and 29 percent provided substance abuse counseling and treatment. Support services that were most frequently provided include other counseling (not mental health), transportation, client advocacy, emergency financial assistance, food bank/home delivered meals, and housing assistance.

Table 16. Number of Title I Medical Care Providers Offering Other Services by Type of Service and Reporting Scope

Type of Service	Reporting Scope			
	Eligible Services		Funded Services	
	Number of Providers	Percent of Providers	Number of Providers	Percent of Providers
Case Management, face-to-face	158	65%	95	69%
Case Management, other	143	59%	72	53%
Mental Health Counseling and Treatment	126	52%	62	45%
Substance Abuse Counseling and Treatment	70	29%	39	29%
Dental Care	62	26%	56	41%
Home Health Services	25	10%	14	10%
Rehabilitation	11	5%	4	3%
Other Counseling, Not Mental Health	84	35%	36	26%
Transportation	72	30%	49	36%
Client Advocacy	62	26%	23	17%
Emergency Financial Assistance	44	18%	37	27%
Food Bank, Home-delivered Meals	43	18%	25	18%
Housing Assistance	32	13%	27	20%
Service Outreach	26	11%	14	10%
Buddy/Companion	23	9%	10	7%
Day/Respite Care	12	5%	12	9%
Hospice	9	4%	8	6%
Permanency Planning	8	3%	6	4%
Other Services	80	33%	27	20%

## Case Management Providers: Provider and Client Characteristics

In 1999, 651 organizations/agencies reported providing face-to-face case management services to clients. The characteristics of these providers and clients are presented in this section.

### Provider Characteristics

As seen in Table 17, 60 percent of the providers of face-to-face case management services in 1999 were community-based organizations. Hospitals or hospital-based clinics comprised 17 percent of the case management providers and 9 percent of these providers were identified as health departments.

Table 17. Types of Case Management Agencies Serving Title I Clients in 1999\*

Type of Provider Organization/Agency	Number	Percent
Hospital/Hospital-based Clinic	109	17%
Community Health Center	44	7%
Community Mental Health Center	5	1%
Other Community-based Organization	391	60%
Health Department	56	9%
Other Public Agency	10	2%
Solo or Group Private Practice	8	1%
Agency Reporting for Multiple Fee-for-Service Providers	2	*
Other	22	3%
Total	647	100%

\*Type of provider organization/agency data are unknown for four case management providers.

In 1999, 80 percent of the organizations/agencies providing face-to-face case management were private nonprofit entities. (See Table 18.) Public agencies at the local, state and federal level accounted for 19 percent (n = 123) of the Title I funded-providers of case management. Fifty-three percent of Title I case management providers (n = 342) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.

Table 18. Ownership Status of Title I Providers of Face-to-Face Case Management \*

Ownership Status	Number	Percent
Public Agency – Local	88	14%
Public Agency – State	32	5%
Public Agency – Federal	3	**
Private Nonprofit	514	80%
Private For-profit	3	**
Agency Reporting for Multiple Fee-for-Service Providers	1	**

\*Ownership status data are unknown for ten case management providers.

\*\*Less than 1 percent.

Among the 651 Title I case management providers, the average number of paid FTEs on staff was 12.4. This is higher than the average of 9.8 paid FTEs found among all Title I service providers. The number of paid FTEs ranged from 0 to 140 with a median of 6 for providers of case management services. (See Table 19.) On average, face-to-face case management providers reported having 8.5 FTEs in volunteer staff compared to the 9.2 volunteer staff FTEs found among all Title I service providers. The number of volunteer staff FTEs ranged from 0 to 800 with a median of 0.

Table 19. Average Number of Paid and Volunteer Staff FTEs Per Title I-Funded Providers of Case Management Services

	Provider Organization Staff FTEs	
	Paid	Volunteer
Mean	12.4	8.5
Median	6.0	0.0
Range	0.0 – 140	0.0 – 800
(N)	(651)	(651)

Among the 651 Title I case management providers serving clients in 1999, 62 percent (n = 405) reported data on all clients receiving services eligible for Title I funding, regardless of whether or not they used CARE Act Title I funds to pay for these services. Thirty-three percent (n = 216) reported on funded services only and the reporting scope was unknown for 5 percent of case management providers.

### Clients Receiving Face-to-Face Case Management Services

The case management providers receiving Ryan White CARE Act Title I funding in 1999 served a total of 325,455 duplicated clients. The number of clients served by these case management providers ranged from 1 to 12,718. The number of duplicated new clients served was 121,584. Among the organizations providing case management services, the number of new clients ranged from 0 to 6,311.

As seen in Figure 5, 67 percent of the duplicated clients who received case management services from Ryan White Title I funded-providers in 1999 were males. A vast majority of the duplicated clients receiving case management services from Title I providers in 1999 were racial/ethnic minorities. Seventy-two percent of the duplicated clients that received case management services were minorities; 47 percent were African American and 23 percent were Hispanic. (See Figure 6.) Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for one percent of duplicated clients seen by case management providers.

Figure 5. Gender of Duplicated Clients Receiving Case Management Services from Title-I Funded Providers in 1999

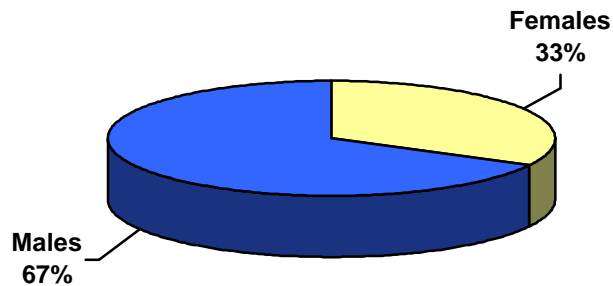
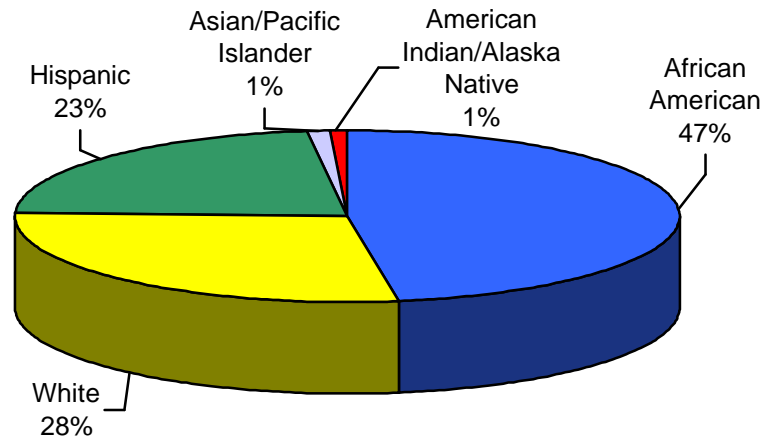


Figure 6. Race/Ethnicity of Duplicated Clients Receiving Case Management Services from Title I-Funded Providers in 1999



Seventy-one percent of the duplicated clients receiving case management services from Title I-funded providers in 1999 were 20 to 44 years of age. (See Table 20.) Clients less than 20 years old only accounted for six percent of those seen by case management providers; four percent were 0 to 12 years of age and two percent were between 13 and 19 years old. Duplicated clients age 45 years or older comprised 23 percent of those receiving case management services from a Title I-funded organization.

Table 20. Age of Duplicated Clients Receiving Case Management Services from Title I-Funded Providers in 1999

Age	Number	Percent
0 – 12 years	11,634	4%
13 – 19 years	4,922	2%
20 – 44 years	230,864	71%
45 years or more	75,875	23%
Total	323,295	100%

## Title II

### Grantee/Provider Characteristics

A total of 1,288 organizations/agencies funded by 52 Ryan White CARE Act Title II States and Territories to provide services to HIV-positive individuals completed the Annual Administrative Report (AAR) for calendar year 1999.

Fifty-four percent of the reporting agencies in 1999 (n=665) were other community-based organizations. (See Table 21.) Fifteen percent of the provider organizations serving HIV-positive clients in 1999 were health departments and ten percent hospitals or hospital-based clinics. Among Title II service providers, Community Health Centers comprised four percent of those reporting AAR data in 1999; three percent of the reporting organizations were private solo or group practices. Agencies reporting for multiple fee-for-service providers and other public agencies each represented two percent of reporting provider organizations. Data on provider characteristics by EMA are presented in Appendix Table II-1.

Table 21. Types of Title II Provider Organizations/Agencies Serving Clients in 1999\*

Type of Provider Organization/Agency	Number	Percent
Hospital or Hospital-based Clinic	120	10%
Community Health Center	48	4%
Community Mental Health Center	17	1%
Other Community-based Organization	665	54%
Health Department	190	15%
Other Public Agency	28	2%
Solo or Group Private Practice	39	3%
Agency Reporting for Multiple Fee-for-Service Providers	28	2%
Other	109	9%
Total	1,244	100%

\*Type of provider organization/agency data are unknown for 44 reporting providers.

Sixty-nine percent or 873 of the 1,269 Title II service providers reporting ownership status were private nonprofit corporations. (See Table 22.) Public agencies at the local, State and Federal level account for 25 percent (n = 307) of the providers serving clients through Title II funding. Private for-profit organizations comprised 3 percent of the service providers in 1999. Grantees may only contract with for-profit entities when nonprofit providers are not available for a given service.

Table 22. Ownership Status of Title II Provider Organizations/Agencies

Ownership Status	Number	Percent
Public Agency – Local	195	15%
Public Agency – State	108	9%
Public Agency – Federal	4	*
Private Nonprofit	873	69%
Private For-profit	42	3%
Unincorporated	18	1%
Agency Reporting for Multiple Fee-for-Service Providers	29	2%

\*Less than 1 percent.

In 1999, members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in 30 percent of Title II service organizations. Sixty percent of the Community Health Centers, 36 percent of the other community-based organizations, 26 percent of the hospital/hospital-based clinics, and 25 percent of the other public agencies reporting data in 1999 indicated that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization. (See Table 23.)

Table 23. Types of Title II Provider Organizations Serving Clients by Minority Status\*

Type of Provider Organization/Agency	Members of Minority Racial/Ethnic Groups Constitute a Majority of the Organization's Governing Board and/or Professional Staff	
	Number	Percent of Providers
Hospital or Hospital-based Clinic	31	26%
Community Health Center	29	60%
Community Mental Health Center	4	23%
Other Community-based Organization	241	36%
Health Department	29	15%
Other Public Agency	7	25%
Solo or Group Private Practice	4	10%
Agency Reporting for Multiple Fee-for-Service Providers	1	4%
Other	26	24%
Total	372	30%

\*Type of provider organization/agency data are unknown for 15 providers.



The average number of paid FTEs on staff among the 1,288 Title II providers reporting AAR data in 1999 was 8.1. The number of paid FTEs ranged from 0 to 260 with a median of 2.7. (See Table 24.) On average, 4.6 FTEs served as volunteer staff in Title II provider organizations. Among the Title II providers, the number of volunteer staff ranged from 0 to 493.5 with a median of 0.

Table 24. Average Number of Paid and Volunteer Staff FTEs Per Title II Provider

	Provider Organization Staff FTEs	
	Paid	Volunteer
Mean	8.1	4.6
Median	2.7	0.0
Range	0.0 – 260.0	0.0 – 493.5
(N)	(1,288)	(1,260)

Sixty-four percent of provider organizations (n = 826) reported data on all clients receiving services eligible for Title II funding in 1999, regardless of whether or not they used CARE Act Title II funds to pay for these services. Thirty-four percent (n = 442) reported on funded services only and the reporting scope was unknown for two percent of providers.

## Clients Served

The 52 States and Territories receiving Ryan White CARE Act Title II funding and reporting AAR data in 1999 served a total of 383,009 duplicated clients. (As previously noted, any summary of the total number of clients served and their demographic characteristics at the grantee or national level results in duplicated client counts.) Ninety-six percent of the 1,288 providers reporting 1999 AAR data (n = 1,236) provided direct client services. The number of clients served by these providers ranged from 1 to 19,273. The average number of clients served among Title II service providers was 307.6 and the median number of clients served was 109. The number of duplicated new clients served was 138,887. Among the organizations providing direct client services, the average number of new clients served was 118.1 with a range of 1 to 19,385 and a median of 35.

## Client Characteristics

### Gender

In 1999, 69 percent of the duplicated clients receiving services from CARE Act-funded Title II providers were males. (See Table 25.) The percentage of duplicated female clients served has increased over time, from 27 percent in 1996 to 31 percent in 1999.

### Race/Ethnicity

In 1999, African Americans not of Hispanic heritage comprised 46 percent of the duplicated clients receiving Title II services. Thirty-one percent of the duplicated clients served by Title II were White (not Hispanic) and 18 percent were Hispanic/Latino. Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for one percent of the duplicated clients served in 1999. (See Table 25.)

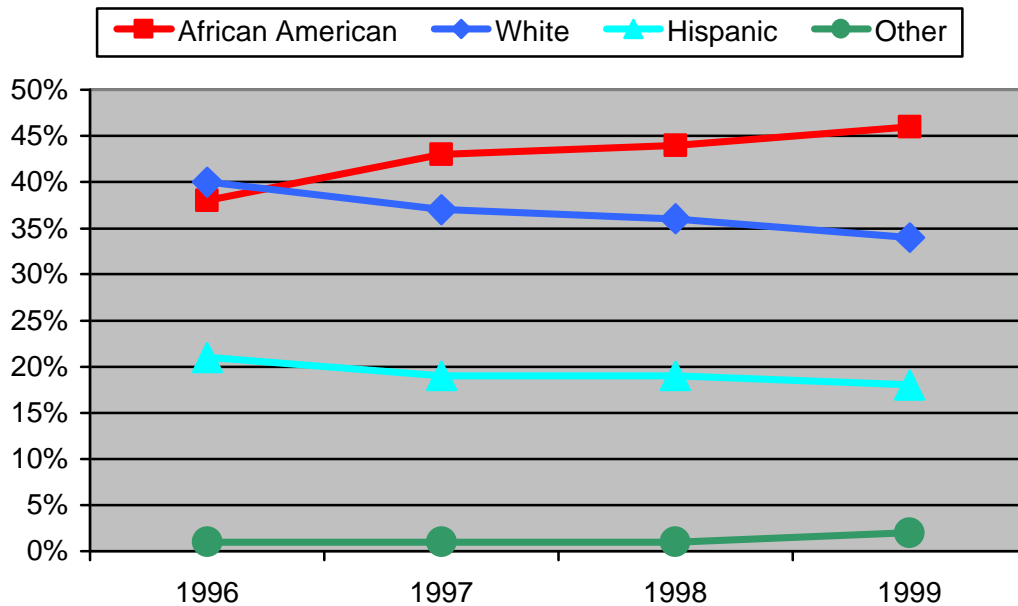
Table 25. Characteristics of Duplicated Clients Served by Title II Providers

Demographic Characteristics	Number	Percent
<u>Gender</u>		
Male	261,339	69%
Female	118,490	31%
<u>Race/Ethnicity</u>		
White (not Hispanic/Latino)	127,171	31%
African American/Black (not Hispanic/Latino)	174,492	46%
Hispanic/Latino	68,120	18%
Asian/Pacific Islander	3,022	1%
American Indian/Alaska Native	4,649	1%
Other	558	*
<u>Age</u>		
0 – 12 years	14,097	4%
13 – 19 years	5,527	1%
20 – 44 years	268,252	72%
45 years or old	86,307	23%

\* Less than 1 percent.

The racial/ethnic percentage distribution of duplicated clients served by Title II providers has changed substantially from 1996 to 1999. (See Figure 7.) The percentage of duplicated clients served who are identified as African American/Black increased from 38 percent in 1996 to 46 percent in 1999. Over the same time period, the percentage of White duplicated clients served declined from 40 percent to 34 percent. The percentage of Hispanic/Latino duplicated clients also declined from 21 percent in 1996 to 18 percent in 1999. The percentage of duplicated clients also declined from 21 percent in 1996 to 18 percent in 1999.

Figure 7. Percentage Distribution of Title II Duplicated Clients Served by Race/Ethnicity



A majority of the duplicated clients served by Title II in 1999 were 20 to 44 years of age (72 percent). Clients age 45 years or older accounted for 23 percent of the duplicated clients served by the 52 reporting Title II States and Territories. Four percent of the duplicated clients served were twelve years of age or less. Clients age 13 to 19 years accounted for only one percent of the duplicated clients receiving services in 1999. Tables II-2 through II-5 in the appendix present the number of clients served and their demographic characteristics by State/Territory.

## Service Characteristics

As in the Title I program, Title II service agencies providing one or more health care and case management service report the number of clients receiving each service as well as the total number of visits per service. These service providers also have the option of reporting on *eligible* or *funded* services when reporting these data. The number and percent of service

organizations providing health care and case management services is presented by reporting scope in Table 26.

Table 26. Number and Percent of Title II Providers by Reporting Scope for Health Care and Case Management Services\*

Type of Service	Reporting Scope						Total
	Eligible		Funded		Unknown		
	N	%	N	%	N	%	
Medical Care	294	66%	139	31%	10	2%	443
Dental Care	191	62%	111	36%	7	2%	309
Mental Health Counseling And Treatment	299	68%	128	29%	10	2%	437
Substance Abuse Counseling and Treatment	127	68%	57	30%	4	2%	188
Home Health Services	111	68%	45	28%	6	4%	162
Rehabilitation Services	19	58%	14	42%	--	--	33
Case Management (Face-to-Face)	574	69%	238	29%	14	2%	826

\*Providers may offer multiple services; a provider may be included in more than one service category.

In 1999, a majority of Title II providers reported data for all eligible services offered by their organization. Of the 443 organizations providing medical care to HIV-infected persons, 66 percent reported data on all services eligible for Title II funding regardless of whether or not they used CARE Act Title II funds to pay for these services. Funded services only were reported by 31 percent of the medical care providers. Sixty-two percent of the 309 organizations providing dental care reported data on all eligible services. Mental health counseling and treatment was provided by 437 organizations with 68 percent reporting on all eligible services. Sixty-eight percent of the 188 organizations providing substance abuse counseling and treatment services reported data on eligible services. Sixty-nine percent of the 826 organizations providing case management services, 68 percent of those providing home health services, and 58 percent of rehabilitation services providers reported data on all eligible services.

Clients receiving services from CARE Act Title II medical care providers had 589,932 visits in 1999. (See Table 27.) Dental care visits totaled 87,443. Grantees and their providers reported 208,974 visits by clients for mental health counseling and treatment. The provision of substance abuse counseling and treatment, including both outpatient and residential treatment, resulted in 160,428 visits. Providers of rehabilitation services reported 23,924 visits and the provision of home health care for clients resulted in 155,433 visits. In 1999, there were 1,020,732 visits by clients for face-to-face case management, more visits than any other single type of service.

Table 27. Number of Visits for Title II Health Care and Case Management Services

Service	Number of Visits
Medical Care	589,932
Dental Care	87,443
Mental Health Counseling and Treatment	208,974
Substance Abuse Counseling and Treatment	160,428
Rehabilitation Services	23,924
Home Health Care	155,433
Case Management (Face-to-Face)	1,020,732

Table 28 presents the average number of visits per client by type of service. The actual number of providers serving clients is higher for each type of service. However, the average number of visits per client was calculated only for those providers reporting valid data for both the number of clients served and number of visits. Providers may offer multiple services; thus, a provider may be included in more than one service category.

Table 28. Average Number of Visits Per Client by Type of Title II Service

	Medical Care	Dental Care	Mental Health Services	Substance Abuse Treatment	Case Management
Number of Providers	403	189	385	152	773
Average Number of Visits per Client	5.3	3.0	7.5	18.7	10.1
Median Number of Visits per Client	4.5	2.2	5.3	8.3	6.0
Range	1.1 – 52.0	1.0 – 35.5	1.0 – 52.0	1.0 – 264.5	1.1 – 373.7

In 1999, the average number of visits per client among the 403 medical care providers with valid numbers of clients and visits data was 5.3 with a median of 4.5 visits. The average number of medical care visits ranged from 1.1 to 52.0 visits. Clients receiving dental care had an average of 3.0 visits. The median number of dental visits was 2.2 and among the 189 providers of dental care with valid data, the number of visits per client ranged from 1.1 to 35.5.

Among clients receiving mental health counseling and treatment services in 1999, the average number of visits was 7.5 with a median of 5.3 visits and a range of 1.0 to 52.0 visits per client. The average number of visits per client for those receiving substance abuse counseling and treatment was 18.7 visits. As previously mentioned, this figure must be interpreted with caution; visits for substance abuse services include both outpatient and residential care. In a residential treatment setting, visits are often counted in terms of inpatient days. The median number of visits for substance abuse treatment was 8.3 and the number of visits per client ranged from 1.0 to 264.5. Clients receiving services from case management providers had an average of 10.1 visits with a median of 6.0 visits and a range of 1.1 to 373.7 visits per client.

As seen in Table 29, the average number of visits per client decreased from 1998 to 1999 for all services except dental care. Medical care, dental care, mental health and case management services experienced a modest decline in average number of visits per client from 1998 to 1999. Substance abuse counseling and treatment services had the largest decline; the average number of visits per client for those receiving substance abuse counseling and treatment was 25.21 in 1998 and 18.7 in 1999.

Table 29. Average Number of Visits Per Client by Type of Title II Service, 1998-1999

Type of Service	Average Number of Visits per Client	
	1998	1999
Medical Care	6.17	5.30
Dental Care	2.60	3.00
Mental Health Counseling and Treatment	8.04	7.50
Substance Abuse Counseling and Treatment	25.21	18.70
Case Management	11.05	10.10

At the end of each reporting period, providers of support services report the number of clients receiving these services. The number of organizations/agencies providing each eligible support service as well as the number of duplicated clients served is seen in Table 30. Tables II-6 and II-7 in the appendix present service characteristics by EMA.

Table 30. Number of Duplicated Clients Served by Type of Title II Support Service

Service	Number of Providers		Number of Duplicated Clients Served
	Total	Reporting Valid Data*	
Service Outreach	342	342	216,332
Other Counseling, not Mental Health	413	387	52,307
Food Bank, Home-delivered Meals	424	406	64,092
Client Advocacy	432	411	64,259
Transportation	594	576	53,918
Housing Assistance	392	390	29,398
Emergency Financial Assistance	429	423	37,641
Buddy Companion Services	210	209	7,547
Respite/Day Care	112	110	4,034
Permanency Planning	58	58	2,968
Hospice	63	63	702
Other services	414	381	35,658

\* Data on the number of clients served reported by some support service providers were invalid. Data reported in this table are based on valid reports only.

## **Title II Medical Care Providers: Provider, Client, and Service Characteristics**

A total of 443 Title II medical care providers reported providing services to clients in 1999. The characteristics of these providers and clients are presented in this section.

### Provider Characteristics

As seen in Table 31, 35 percent of the Title II organizations providing medical care (n = 146) were other community-based organizations. Health departments comprised 24 percent of the agencies providing medical care in 1999 and an additional 19 percent of the medical care providers were identified as hospitals or hospital-based clinics. Six percent of Title II medical providers were Community Health/Mental Health Centers.

Table 31. Types of Title II Medical Care Providers Serving Clients in 1999\*

Type of Provider Organization/Agency	Number	Percent
Hospital or Hospital-based Clinic	79	19%
Community Health/Mental Health Center	26	6%
Other Community-based Organization	146	35%
Health Department	99	24%
Other Public Agency	8	2%
Solo or Group Private Practice	11	3%
Agency Reporting for Multiple Fee-for-Service Providers	16	4%
Other	31	7%
Total	416	100%

\*Type of provider organization/agency data are unknown for 27 medical care providers.

Private nonprofit entities comprised 56 percent of the organizations/agencies providing Title II medical care services in 1999. (See Table 32.) Public agencies at the local, State and Federal level accounted for 36 percent (n = 161) of the Title II-funded providers of medical care. Thirty-one percent of Title II medical care providers (n = 135) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.

Table 32. Ownership Status of Title II Medical Care Providers\*

Ownership Status	Number	Percent
Public Agency – Local	96	22%
Public Agency – State	63	14%
Public Agency – Federal	2	**
Private Nonprofit	244	56%
Private For-profit	9	2%
Agency Reporting for Multiple Fee-for-Service Providers	16	4%
Other	9	2%

\*Ownership status data are unknown for four medical care providers.

\*\*Less than 1 percent.

The average number of paid FTEs on staff among the 443 Title II providers of medical care services was 9.9. This is slightly higher than the average of 8.1 paid FTEs found among all



Title II service providers. Among Title II organizations providing medical care, the number of paid FTEs ranged from 0 to 260 with a median of 3. (See Table 33.) On average, Title II medical care providers reported having 2.7 FTEs in volunteer staff compared to the 4.6 volunteer staff FTEs found among all Title II service providers. The number of volunteer staff FTEs ranged from 0 to 200 with a median of 0.

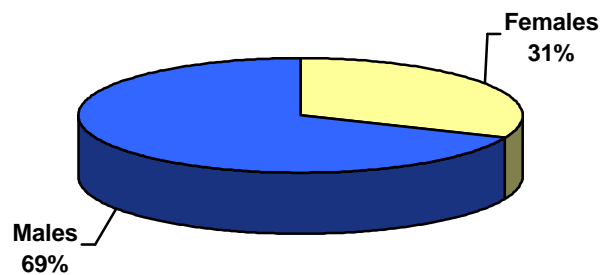
Table 33. Average Number of Paid and Volunteer Staff FTEs Per Title II-Funded Providers of Medical Care Services

	Provider Organization Staff FTEs	
	Paid	Volunteer
Mean	9.9	2.7
Median	3.0	0.0
Range	0.0 – 260.0	0.0 – 200.0
(N)	(443)	(426)

#### Clients Receiving Medical Care Services

Medical care providers receiving Ryan White CARE Act Title II funding served a total of 173,873 duplicated clients in 1999. The number of clients served by these medical care providers ranged from 1 to 19,273. The number of duplicated new clients served was 48,429. Among the Title II organizations providing medical care services, the number of new clients ranged from 0 to 4,247.

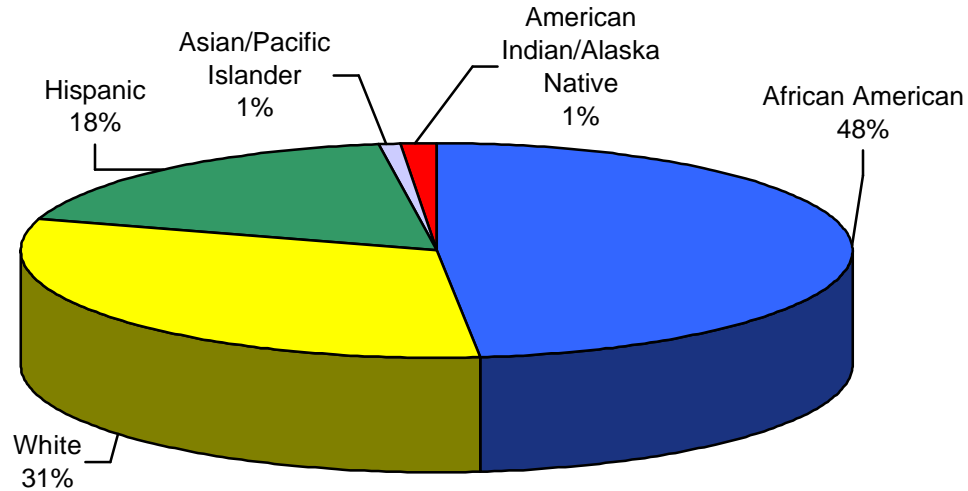
Figure 8. Gender of Duplicated Clients Receiving Medical Care Services from Title II-Funded Providers in 1999



In 1999, 69 percent of the duplicated clients that received medical care services from Ryan White Title II-funded providers were males. (See Figure 8.) A majority of the duplicated

clients receiving medical care services from Title II providers in 1999 (68 percent) were racial/ethnic minorities; 48 percent were African American and 18 percent were Hispanic. (See Figure 9.) Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for one percent of duplicated clients seen for medical care.

Figure 9. Race/Ethnicity of Duplicated Clients Receiving Medical Care Services from Title II-Funded Providers in 1999



Seventy-one percent of the duplicated clients receiving medical care services from Title II-funded providers in 1999 were 20 to 44 years of age. (See Table 34.) Clients less than 20 years old only accounted for five percent of those receiving medical care; four percent were 0 to 12 years of age and one percent were between 13 and 19 years old. Duplicated clients age 45 years or older comprised 24 percent of those receiving medical care from a Title II-funded organization.

Table 34. Age of Duplicated Clients Receiving Medical Care Services from Title II-Funded Providers in 1999

Age	Number	Percent
0 – 12 years	6,395	4%
13 – 19 years	2,523	1%
20 – 44 years	122,190	71%
45 years or more	40,997	24%
Total	172,105	100%

### Service Provision by Title II Medical Care Providers

The other types of services being provided by medical care providers can be examined by reporting scope. In 1999, 66 percent of Title II organizations providing medical care (n = 294) reported data on all clients receiving services eligible for Title II funding, regardless of whether or not they used CARE Act Title II funds to pay for these services. Thirty-two percent (n = 139) reported on funded services only and the reporting scope was unknown for two percent of medical care providers.

The number of eligible services provided by the medical care providers reporting on all eligible services ranged from one service only (medical care) to 18 services with an average of 7.98 eligible services provided and a median of 8.0 eligible services. Ninety-six percent of the Title II medical care providers reporting eligible services provided one or more eligible services in addition to medical care services; 35 percent provided ten or more types of services to clients. (See Table 35.) Among medical care providers reporting funded services only, the number of services provided ranged from one service only (medical care) to 16 services with an average of 5.6 services and a median of 5.0 services.

Table 35. Total Number of Services Provided by Title II Medical Care Providers  
by Reporting Scope

Number of Eligible Services Provided	Reporting Scope					
	Eligible		Funded		Unknown	
	N	%	N	%	N	%
1 (Medical care only)	13	4%	18	13%	--	--
2	10	3%	14	10%	--	--
3	14	5%	11	8%	1	10%
4	28	9%	15	11%	1	10%
5	18	6%	15	11%	--	--
6	29	10%	17	12%	--	--
7	24	8%	13	9%	--	--
8	26	9%	7	5%	--	--
9	28	9%	11	8%	1	10%
10 or more	104	35%	18	13%	7	70%

The other types of services provided by medical care providers are seen by reporting scope in Table 36. A vast majority of Title II medical care providers, regardless of reporting scope, provided case management services to clients. Eighty-six percent of medical providers reporting on eligible services and 70 percent of those reporting on funded services only also provided face-to-face case management services to clients. Other health care services also

were often provided to clients by Title II medical care providers. Fifty-nine percent of the medical care providers reporting on eligible services provided mental health counseling and treatment, 52 percent provided dental care, and 28 percent provided substance abuse counseling and treatment in 1999. Among medical care providers reporting on funded services only, 55 percent provided dental care, 50 percent provided mental health counseling and treatment, and 24 percent provided substance abuse counseling and treatment. Transportation services, emergency financial assistance, other counseling (not mental health), client advocacy, food bank/home delivered meals, and housing assistance were among the support services most frequently provided by medical care providers.

Table 36. Number of Title II Medical Care Providers Offering Other Services by Type of Service and Reporting Scope

Type of Service	Reporting Scope			
	Eligible Services		Funded Services	
	Number of Providers	Percent of Providers	Number of Providers	Percent of Providers
Case Management, face-to-face	252	86%	97	70%
Case Management, other	213	72%	50	36%
Mental Health Counseling and Treatment	173	59%	69	50%
Dental Care	152	52%	76	55%
Substance Abuse Counseling and Treatment	81	28%	33	24%
Home Health Services	49	17%	26	19%
Rehabilitation	17	6%	9	7%
Transportation	179	61%	52	37%
Emergency Financial Assistance	146	50%	31	22%
Other Counseling, Not Mental Health	128	43%	40	29%
Client Advocacy	125	43%	28	20%
Food Bank, Home-delivered Meals	120	41%	35	25%
Housing Assistance	118	40%	26	19%
Buddy/Companion	65	22%	8	6%
Service Outreach	53	18%	15	11%
Day/Respite Care	28	9%	9	7%
Hospice	25	9%	3	2%
Permanency Planning	18	6%	6	4%
Other Services	111	38%	33	24%

## Title II Case Management Providers: Provider and Client Characteristics

Face-to-face case management services were provided by 826 Title II organizations/agencies in 1999. The characteristics of these providers and the clients they served are presented in this section.

### Provider Characteristics

Other community-based organizations provided 57 percent of the Title II face-to-face case management services in 1999. Health departments comprised 19 percent to the case management providers and 10 percent were identified as hospitals or hospital-based clinics. (See Table 37.)

Table 37. Types of Case Management Agencies Serving Title II Clients in 1999\*

Type of Provider Organization/Agency	Number	Percent
Hospital/Hospital-based Clinic	79	10%
Community Health Center	35	4%
Community Mental Health Center	9	1%
Other Community-based Organization	445	57%
Health Department	149	19%
Other Public Agency	15	2%
Solo or Group Private Practice	7	1%
Agency Reporting for Multiple Fee-for-Service Providers	10	1%
Other	39	5%
Total	788	100%

\*Type of provider organization/agency data are unknown for 38 case management providers.

Sixty-nine percent of the Title II organizations/agencies providing face-to-face case management in 1999 were private nonprofit entities. (See Table 38.) Public agencies at the local, State, and Federal level accounted for 28 percent (n = 226 of the Title II providers of case management. Thirty-two percent of Title II case management providers (n = 263) reported that members of minority racial/ethnic groups constituted a majority of the board members and/or professional staff in their organization.

Table 38. Ownership Status of Title I Providers of Face-to-Face Case Management \*

Ownership Status	Number	Percent
Public Agency – Local	161	20%
Public Agency – State	62	8%
Public Agency – Federal	3	**
Private Nonprofit	567	69%
Private For-profit	5	**
Unincorporated	10	1%
Agency Reporting for Multiple Fee-for-Service Providers	13	2%

\*Ownership status data are unknown for ten case management providers.

\*\*Less than 1 percent.

The average number of paid FTEs on staff among the 826 Title II case management providers was 9.8. The number of paid FTEs ranged from 0 to 260 with a median of 3.5 for providers of case management services. (See Table 39.) Eight hundred case management providers reported the use of volunteer staff in their organization/agency. On average, face-to-face case management providers reported having 5.7 FTEs in volunteer staff. The number of volunteer staff FTEs ranged from 0 to 493 with a median of 0.

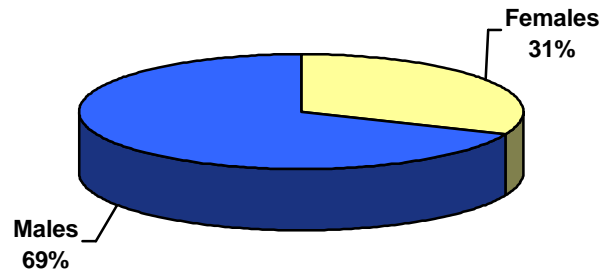
Table 39. Average Number of Paid and Volunteer Staff FTEs Per Title II-Funded Providers of Case Management Services

	Provider Organization Staff FTEs	
	Paid	Volunteer
Mean	9.8	5.7
Median	3.5	0.0
Range	0.0 – 260	0.0 – 493
(N)	(826)	(800)

#### Clients Receiving Title II Case Management Services

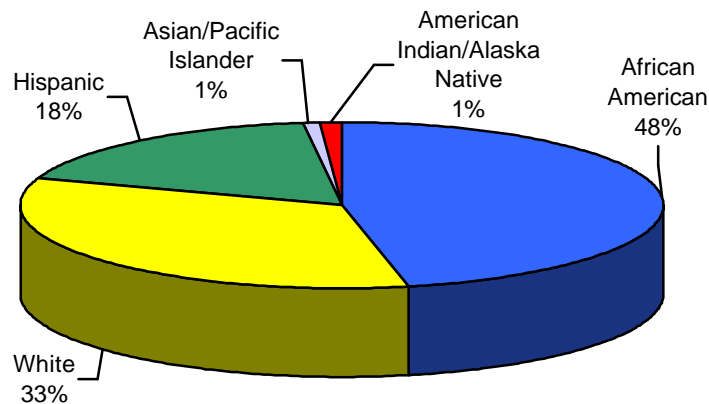
Among case management providers receiving Ryan White CARE Act Title II funding in 1999, a total of 273,533 duplicated clients were served. The number of clients served by these case management providers ranged from 1 to 12,718. The number of duplicated new clients served was 103,928. Among the organizations providing case management services, the number of new clients ranged from 0 to 19,385.

Figure 10. Gender of Duplicated Clients Receiving Case Management Services from Title II Providers in 1999



Sixty-nine percent of the duplicated clients that received case management services from Ryan White Title II providers in 1999 were males. (See Figure 10.) A majority of the duplicated clients receiving case management services from Title II providers in 1999 were racial/ethnic minorities. Sixty-seven percent of the duplicated clients that received case management services were minorities; 48 percent were African American and 18 percent were Hispanic. (See Figure 11.) Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for one percent of duplicated clients seen by case management providers.

Figure 11. Race/Ethnicity of Duplicated Clients Receiving Case Management Services from Title II Providers in 1999



Clients age 20 to 44 years comprised 72 percent of the duplicated clients receiving case management services from Title II providers in 1999. (See Table 40.) Only five percent of

the clients seen by case management providers were less than 20 years old; four percent were 0 to 12 years of age and one percent were between 13 and 19 years old. Duplicated clients age 45 years or older comprised 23 percent of those receiving case management services from a Title II organization/agency.

Table 40. Age of Duplicated Clients Receiving Case Management Services from Title II Providers in 1999

Age	Number	Percent
0 – 12 years	10,318	4%
13 – 19 years	4,166	1%
20 – 44 years	194,206	72%
45 years or more	60,875	23%
Total	269,565	100%

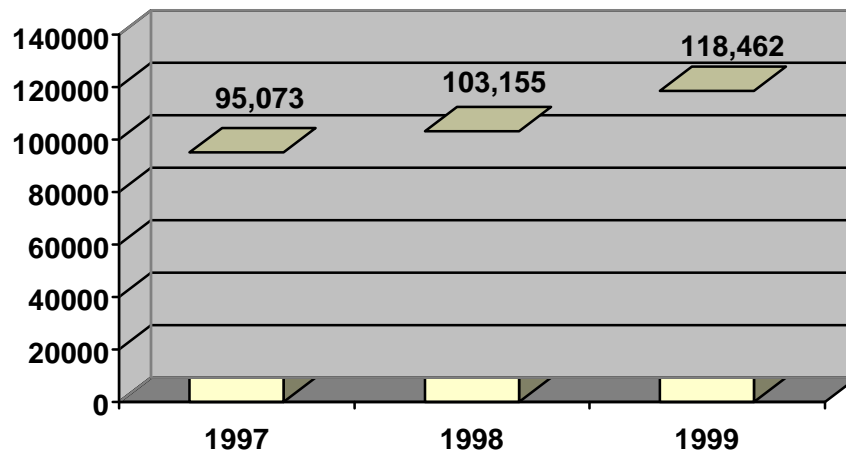
## AIDS Drug Assistance Program (ADAP)

### Clients Served

In 1999, State AIDS Drug Assistance Programs (ADAPs) served 118,462 enrolled clients, an increase of 15 percent from the 103,155 clients served in 1998. (See Figure 12.) Twenty-eight percent of the clients served by ADAP ( $n = 32,614$ ) were first enrolled in 1999. These new ADAP clients represent a 2.9 percent increase over the number of new clients served in 1998 ( $n = 31,681$ ). Increases in the number of clients over the past two years are directly related to the increased demand for medications with the advent of protease inhibitors and highly active antiretroviral therapy (HAART). The success of HAART also has impacted on the demand for ADAP services. The extended life expectancy for people living with HIV/AIDS has increased the total number of clients seeking assistance from ADAP.



Figure 12. Number of Enrolled ADAP Clients Served by Year

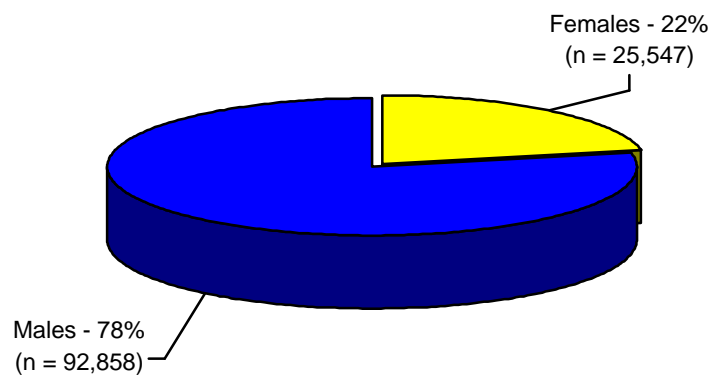


## Client Characteristics

### Gender

As seen in Figure 13, the majority of clients served by ADAP were males (78 percent). The 92,858 males receiving assistance from ADAP in 1999 represents a 13 percent increase in the number of males served in 1998 ( $n = 81,986$ ). There also was a substantial increase in the number of females served by ADAP. In 1999, 25,547 females were enrolled in ADAP compared to 21,000 in 1998, an increase of 22 percent.

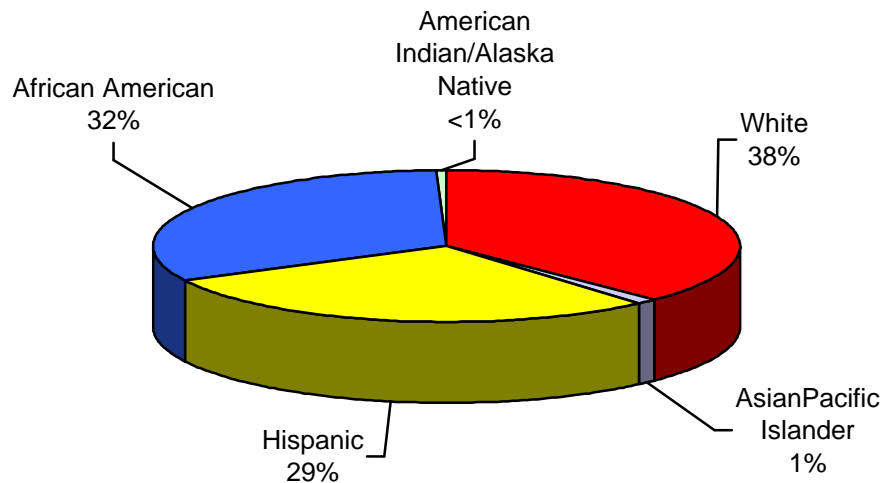
Figure 13. Gender of Enrolled ADAP Clients, 1999



### Race/Ethnicity

In 1999, 62 percent of the clients enrolled in ADAP were racial/ethnic minorities. African Americans comprised 32 percent of the clients served and 29 percent were Hispanic. Asian/Pacific Islanders and American Indians/Alaska Natives each accounted for about one percent of ADAP clients. Thirty-eight percent of the clients served by ADAP in 1999 were White. (See Figure 14.)

Figure 14. Race/Ethnicity of Enrolled ADAP Clients, 1999.



The number of African Americans served by ADAP increased 20 percent from 1998 (n = 30,877) to 1999 (n = 36,956). From 1998 to 1999, the number of Hispanic client enrolled in ADAP increased 19 percent from 28,106 to 33,556. During the same time period, increases in the number of clients enrolled in ADAP also were noted for White (non-Hispanic), Asian/Pacific Islander and American Indian/Alaska Native clients.

### Age

In 1999, 75 percent of the clients enrolled in ADAP were 20 to 44 years of age and 23 percent were 45 years or older. Clients ages 0 to 12 years and 13 to 19 years each account for one percent of ADAP clients.

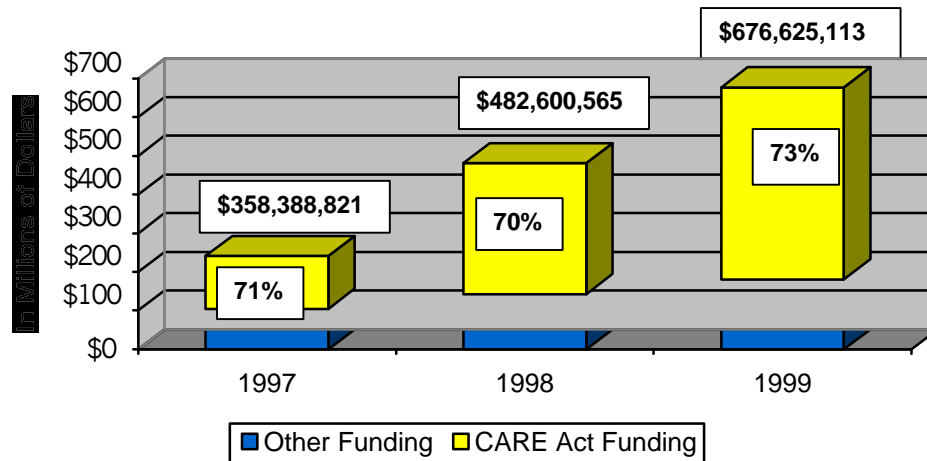
## **ADAP Funding and Expenditures**

ADAPs receive funding from multiple sources. CARE Act funding for ADAP includes Ryan White CARE Act Title I, Title II base, Title II ADAP earmark, and other CARE Act funding. Total ADAP funding may include Medicaid; Medicare; Federal Section 330; other Federal, State and Local Government funding; other public payments, manufacturer rebates, private

contributions, and client payments as well as CARE Act funding. In 1999, the Ryan White CARE Act Title II earmark was the primary source of funding for ADAP.

The total funding for ADAP has increased dramatically over the past three years. Relative to the previous year, total funding increased 35 percent in 1998 and 40 percent in 1999. (See Figure 15.) From 1997 to 1999, total funding for ADAP has grown by 89 percent.

Figure 15. ADAP Funding

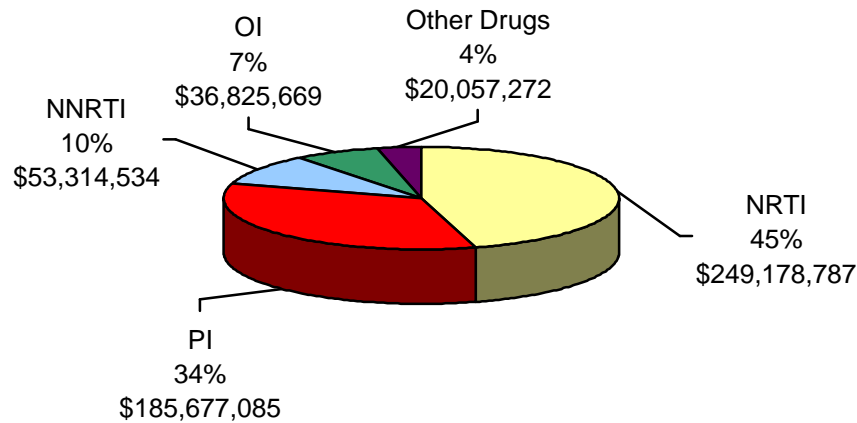


More impressive is the growth in Ryan White CARE Act ADAP funding, which expanded 96 percent from approximately \$253 million in 1997 to nearly \$496 million in 1999. CARE Act funding for ADAP increased 47 percent from 1998 to 1999.

In 1999, approximately 96 percent of all State ADAP expenditures were for drugs. The remaining 4 percent was spent on administration and ancillary devices. Overall, total expenditures for drugs increased by 65 percent from 1997 (\$314 million) to 1999 (\$545 million). Although drug expenditures increased each year during this period, the percentage increase has declined slightly. From 1997 to 1998, expenditures rose 33 percent in 1998 (\$418 million) and only increased 30 percent in 1999 (\$545 million).

State ADAPs spent 90 percent of the \$545,053,347 in total drug expenditures on antiretroviral medications [protease inhibitors (PI), nucleoside reverse transcriptase inhibitors (NRTI), and non-nucleoside reverse transcriptase inhibitors (NNRTI)], a slight increase from 1998 when 87 percent of total drug expenditures were for antiretroviral drugs. (See Figure 16.) Expenditures for NNRTIs were higher in 1999 than 1998; 10 percent in 1999 versus 4 percent in 1998. However, expenditures were slightly lower for PIs; 34 percent in 1999 versus 39 percent in 1998. Forty-five percent of drug expenditures in 1999 were for NRTIs, seven percent for Opportunistic Infection (OI) drugs, and other drugs accounted for 4 percent of ADAP drug expenditures.

Figure 16. Total Drug Expenditures by Drug Class



As seen in Table 41, antiretroviral medications (PIs, NRTIs, and NNRTIs) were the most commonly prescribed HIV medications provided by State ADAPs in 1999. It is important to note that these drugs are prescribed in combination; therefore, a single client may have received multiple drugs listed on this table. Stavudine, lamivudine, and combivir ( NRTIs) were the most commonly prescribed drugs with 43,000 or more clients receiving these medications. Table III-1 through Table III-6 in the appendix presents the number of clients served, the demographic characteristics of these clients, and drug expenditures by Grantee.

Table 41. Top Ten Prescribed HIV Medications by Number of Clients

Generic Drug Name	Drug Class	Number of Clients	Expenditures
Stavudine	NRTI	55,428	\$61,135,891
Lamivudine	NRTI	45,208	\$47,752,151
Combvir	NRTI	43,756	\$96,471,876
Nelfinavir	PI	37,100	\$92,204,177
Trimetoprim-sulfamethoxazole	OI	33,237	\$ 1,128,288
Indinavir	PI	27,141	\$45,982,897
Efavirenz	NNRTI	21,973	\$29,672,750
Didanosine	NRTI	20,544	\$17,660,893
Nevirapine	NNRTI	19,326	\$22,404,942
Saquinavir	PI	15,862	\$22,668,973

## Health Insurance Program (HIP)

### Providers and Funding

The total number of Health Insurance Programs (HIP) has increased over the past three years, with the largest expansion of the program occurring in 1999. (See Table 42.) This increase is related to HIV/AIDS Bureau efforts to educate Title II Grantees about HIP and encourage them to participate in the program, as well as HAB Policy Notice 99-01 that allows the use of Title II ADAP funds to purchase health insurance services. During calendar year 1999, a total of 44 States and Title I Eligible Metropolitan Areas (EMAs) provided clients with a HIP. Of the 44 HIP participants, 27 percent (n = 12) funded at least part of their HIP using ADAP funds.

Table 42. Number of States and EMA with Health Insurance Programs (HIPs)

Year	Number of Health Insurance Programs	
	States	EMAs
1997	27	8
1998	26	11
1999	35	9

Increases in the total number of States and EMAs participating in HIP is also reflected in the rise in funding allocated to this program. From FY 1997 to FY 2000, HIP funding increased by 104 percent among states and 113 percent among EMAs. Funding in FY 2000 increased by 29% among states. (See Table 43.) During FY 2000, the mean and median allocation among state HIPs was \$257,553 and \$58,437 respectively. Across States, funding ranged from \$8,339 to \$3,772,266. EMA HIP allocations ranged from \$4,900 to \$1,000,329.

Table 43. Fiscal Year Allocations for HIP

Fiscal Year Allocations	States	EMAs
FY 1996	\$7,557,540	\$1,276,161
FY 1997	\$7,617,335	\$1,293,570
FY 1998	\$9,754,986	\$2,191,161
FY 1999	\$12,023,570	\$3,045,270
FY 2000*	\$15,453,149	\$2,714,791

\* Eight states (Title II grantees) did not report FY 2000 allocation funds.

## Client Characteristics

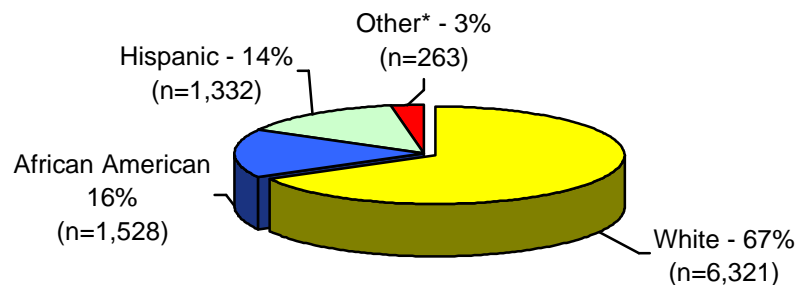
A total of 9,735 clients received assistance through HIP in 1999. As seen in Table 44, 35 percent of these clients participated in HIP for the first time in 1999. From 1997 to 1999, the total number of clients benefiting from HIP increased by 46 percent. There was a 25 percent increase in participants from 1998 to 1999.

Table 44. Total Number of Clients Served by HIP, 1997-1999

Year	Total Clients	New Clients		Continuing Clients	
		Number	Percent	Number	Percent
1997	6,675	2,136	32%	4,539	68%
1998	7,759	2,560	33%	5,199	67%
1999	9,735	3,407	35%	6,328	65%

Approximately two-thirds (67 percent) of HIP clients in 1999 were identified as White, non-Hispanic. African American (non-Hispanic) and Hispanic clients comprised 16 percent and 14 percent of the clients served by HIPs, respectively. Asians, American Indians, Pacific Islanders, Aleutians, Eskimos, and Alaskan Natives comprised three percent of the client's population. (See Figure 17.)

Figure 17. Race/Ethnicity of HIP Clients, 1999



\*Other includes Asians, American Indians, Pacific Islanders, Aleutians, Eskimos, and Alaskan Natives

The number of clients participating in HIP by race/ethnicity for years 1997 to 1999 is presented in Table 45. Although the majority of clients identified themselves as White (non-Hispanic), this group experienced the smallest growth over time. The number of White (non-Hispanic) clients served by HIP only increased by 34 percent from 1997 though 1999, while

the number of African American and Hispanic clients increased by 68 percent and 47 percent, respectively, over the same period. Asians/Pacific Islanders and American Indians had the greatest percent change during this time period, 218 percent and 98 percent, respectively. However, they still comprise only two percent of the total clients served by HIP programs.

Table 45. Number of Clients Participating in HIP by Race/Ethnicity, 1997-1999

Race/ Ethnicity	Number of Clients		
	1997	1998	1999
American Indian/ Native Alaskan/ Eskimo/Aleutian	51	64	101
Asian/ Pacific Islander	51	58	162
Hispanic	905	1,196	1,332
African American	910	1,361	1,528
White, non-Hispanic	4,700	5,080	6,321

## Future Directions: The Ryan White CARE Act Amendments of 2000

The CDC estimates that 800,000 to 900,000 people in the United States are HIV-infected.<sup>3</sup> It is further estimated that up to 50 percent of HIV-infected individuals are not receiving regular care for their disease and up to one-third are not aware that they are infected.<sup>4,5</sup> The demographic characteristics of the HIV/AIDS epidemic also continue to change. The proportion of AIDS cases diagnosed among minorities, particularly African Americans and Hispanics, has steadily increased over time, from 40 percent in 1990 to 68 percent in 1999. In 1986, seven percent of the new AIDS cases were among women. By 1999, this had risen to 23 percent, a three- fold increase.<sup>6</sup>

As the HIV/AIDS epidemic continues to grow among traditionally underserved and hard-to-reach populations, the goal of CARE Act programs is to improve the availability and quality of care, treatment, and support services for vulnerable populations. The Ryan White CARE Act Amendments of 2000 made legislative changes designed to meet these challenges by improving and expanding access to care, increasing accountability, and enhancing service

<sup>3</sup> Centers for Disease Control and Prevention. *CDC Update: A Glance at the HIV Epidemic*, February 2000.

<sup>4</sup> Bozzette, S., et al. "The Care of HIV Infected Adults in the United States", *New England Journal of Medicine*, 339 (26): 1897-1904, 1998.

<sup>5</sup> Centers for Disease Control and Prevention. HIV/AIDS Surveillance Branch, unpublished data, 1999.

<sup>6</sup> The Henry J. Kaiser Family Foundation. *Key Facts: Women and HIV/AIDS*, May 2001.

capacity in underserved urban and rural communities.

As a result of reauthorization, each CARE Act Program, its grantees, and providers have new program provisions to implement. The identification of affected populations based on HIV prevalence is required by the new legislation. Planning, the allocation of services and grant-making would be based on the demographics of the HIV epidemic rather than on just those living with AIDS. Beginning in FY 2005, grants will be awarded based on HIV prevalence only if the Secretary of Health and Human Services has determined that the data are sufficient to do so.

The reauthorized CARE Act requires that all grantees and planning bodies across CARE Act Programs ensure that HIV services are coordinated with prevention and substance abuse treatment providers and comprehensive plans must include strategies for bringing HIV-positive individuals into care. Emphasis is placed on eliminating disparities in access and services among affected subpopulations and underserved communities. Funding services for women, infants, children, and youth must be a priority for both Title I and Title II grantees. Grantees must ensure that the proportion of their award used to address the needs of women, infants, children, and youth is equal to the proportion of AIDS cases constituted by these populations in their regions.

For the first time, Title I and Title II funds may be used to support outreach activities necessary to identify persons with HIV/AIDS who are aware of their HIV status but are not receiving care. Funding for early intervention services that include counseling and testing and referral services for populations at high risk for HIV and provide care linkages also is permitted.

The membership of Title I Planning Councils must now include three new categories of representatives—a housing/homeless service provider, an HIV prevention service provider, and an individual that can represent the needs of those HIV infected persons who were formerly in a correctional facility. At least 33 percent of council membership must be comprised of individuals or the parents/caregivers of individuals receiving HIV-related services and council members must not be affiliated with service providers. In addition, Planning Council membership as well as planning decisions must reflect the demographics of individuals living with HIV disease. In Title II Programs, the service plans developed by HIV Care Consortia must be consistent with State comprehensive plans.

A portion of ADAP funding can be used to encourage, support, and enhance adherence to HIV treatment regimens, including related medical monitoring. States also may use a portion of their ADAP earmark to provide health insurance that includes medication coverage as long as the cost of the insurance does not exceed the costs of otherwise providing medications. In addition, the insurance coverage must provide full access to necessary primary care services. Finally, all CARE Act grantees and providers must develop, implement and monitor quality management programs. Implementation of these legislative changes should assist CARE Act Grantees and providers as they strive to increase access to care for the underserved and vulnerable populations.



# **Appendix I**

Table I-1: Types of Organizations Providing Title I Services

Grantee	Hospital or Hospital- Based Clinic	Publicly Funded Community Health Center	Publicly Funded Community Mental Health Center	Other Community Based Organization	Health Department	Other Public Agency	Solo/Group Private Health Practice	Agency Reporting for Multiple FFS Providers	Other
Anaheim/Orange County	2	0	0	4	0	0	0	0	2
Atlanta	2	0	0	10	3	2	0	0	2
Austin	0	0	0	8	2	0	0	0	0
Baltimore	16	1	0	18	9	4	0	0	7
Bergen/Passaic	5	0	0	14	1	1	0	0	2
Boston	5	11	1	39	4	0	0	0	4
Caguas	1	0	0	7	1	0	0	0	0
Chicago	10	5	1	43	2	0	0	1	5
Cleveland	3	0	0	14	1	1	0	0	2
Dallas	1	0	1	21	1	0	0	0	3
Denver	4	0	1	9	0	1	0	0	2
Detroit	8	1	0	18	0	0	1	0	1
Dutchess County	2	1	0	5	0	0	0	0	1
Ft. Lauderdale	2	1	0	6	1	2	1	0	2
Ft. Worth	1	2	0	8	0	0	0	0	1
Hartford	2	3	3	15	0	0	0	0	2
Houston	3	0	0	18	0	0	0	0	4
Jacksonville	1	0	0	9	4	0	0	0	3
Jersey City	2	3	0	11	0	0	0	0	1
Kansas City	2	0	0	4	2	0	1	0	5
Las Vegas	1	0	0	7	2	2	0	0	1
Los Angeles	3	4	0	43	0	3	0	3	3
Miami	3	3	0	16	1	0	2	0	5
Midlesex/Somerset/ Hunterdon	3	2	1	14	1	1	0	0	3
Minneapolis/St. Paul	4	2	1	17	2	3	1	0	9
Nassau-Suffolk Counties	6	0	0	12	3	0	0	0	2
New Haven	1	2	1	16	1	1	0	0	4
New Orleans	2	2	0	14	3	1	0	0	1
New York	31	4	0	100	1	5	6	3	17
Newark	9	0	0	30	1	0	0	0	2
Norfolk	0	0	0	10	0	0	1	0	0
Oakland	3	4	1	27	6	0	0	0	1

Table I-1: Types of Organizations Providing Title I Services (*continued*)

Grantee	Hospital or Hospital- Based Clinic	Publicly Funded Community Health Center	Publicly Funded Community Mental Health Center	Other Community Based Organization	Health Department	Other Public Agency	Solo/Group Private Health Practice	Agency Reporting for Multiple FFS Providers	Other
Orlando	2	0	1	8	1	1	0	0	1
Philadelphia	10	0	0	50	3	3	0	0	0
Phoenix	1	1	1	9	0	0	0	0	3
Ponce	1	1	0	8	3	0	1	0	1
Portland	0	0	1	10	0	2	0	1	1
Sacramento	2	1	0	9	5	0	0	0	0
San Antonio	2	1	0	8	3	0	0	1	0
San Bernardino	0	1	0	5	1	1	0	0	1
San Diego	2	3	0	19	1	1	0	0	3
San Francisco	8	4	4	43	3	1	1	0	1
San Jose	1	0	1	7	7	0	0	0	0
San Juan	2	0	0	14	0	0	2	0	2
Santa Rosa/Petaluma	0	0	0	6	1	0	2	0	1
Seattle	2	3	1	17	1	0	0	0	1
St. Louis	0	0	0	11	3	1	0	2	4
Tampa	4	1	0	18	2	1	2	0	4
Vineland/Millville	0	0	0	6	4	1	0	0	0
Bridgeton	0	0	0	6	4	1	0	0	0
Washington, D.C.	4	2	1	30	1	2	1	0	7
West Palm Beach	0	0	2	8	7	0	0	0	2
<b>Total</b>	179	169	23	873	98	41	22	11	129

Table I-2: Number of Duplicated Clients Served by Title I Grantee\*

Grantee	Number of Duplicated Clients Served	
	Total	New
Anaheim/Orange County	2,433	870
Atlanta	11,348	3,584
Austin	3,850	1,014
Baltimore	23,809	12,297
Bergen/Passaic	7,567	3,385
Boston	13,457	3,756
Caguas	2,579	452
Chicago	15,876	6,220
Cleveland	3,499	1,024
Dallas	14,217	4,494
Denver	7,478	1,739
Detroit	10,246	3,613
Dutchess County	1,037	388
Ft. Lauderdale	30,640	13,162
Ft. Worth	2,625	857
Hartford	4,461	2,063
Houston	37,194	17,673
Jacksonville	5,449	3,402
Jersey City	10,122	4,116
Kansas City	5,223	1,236
Las Vegas	4,033	775
Los Angeles	20,790	6,994
Miami	26,155	8,718
Midlesex/Somerset/Hunterdon	2,291	951
Minneapolis/St. Paul	4,999	1,287
Nassau-Suffolk Counties	4,444	1,594
New Haven	7,318	1,982
New Orleans	5,261	1,839
New York	74,139	33,419
Newark	16,016	7,067
Norfolk	1,893	1,262
Oakland	7,879	1,557
Orlando	12,501	4,720
Philadelphia	34,343	12,863
Phoenix	7,287	2,555
Ponce	1,251	1,251
Portland	4,723	1,504
Sacramento	2,481	713
San Antonio	6,620	1,098
San Bernardino	4,482	937
San Diego	18,155	6,619
San Francisco	40,503	16,737
San Jose	2,454	734
San Juan	7,273	2,084
Santa Rosa/Petaluma	2,434	569
Seattle	14,796	2,846
St. Louis	6,511	1,667
Tampa	9,141	3,450
Vineland/Millville/Bridgeton	419	149
Washington, D.C.	13,241	5,222
West Palm Beach	7,671	3,179
<b>Total</b>	<b>584,614</b>	<b>221,687</b>

\*Client counts are duplicated at the Grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title I providers.

Table I-3: Gender of Duplicated Clients Served by Title I Grantee\*

Grantee	Number of Duplicated Clients Served			
	Males		Females	
	Number	Percent	Number	Percent
Anaheim/Orange County	1,972	81%	457	19%
Atlanta	8,650	76%	2,698	24%
Austin	3,096	80%	754	20%
Baltimore	11,315	56%	8,980	44%
Bergen/Passaic	4,211	56%	3,304	44%
Boston	9,133	68%	4,335	32%
Caguas	1,178	46%	1,401	54%
Chicago	11,516	72%	4,520	28%
Cleveland	2,592	74%	907	26%
Dallas	11,397	80%	2,820	20%
Denver	6,071	81%	1,407	19%
Detroit	7,026	69%	3,179	31%
Dutchess County	542	49%	567	51%
Ft. Lauderdale	19,781	65%	10,859	35%
Ft. Worth	1,776	68%	849	32%
Hartford	2,759	62%	1,702	38%
Houston	25,947	70%	11,247	30%
Jacksonville	3,100	60%	2,349	43%
Jersey City	5,877	58%	4,325	42%
Kansas City	4,396	84%	827	16%
Las Vegas	3,164	79%	869	21%
Los Angeles	16,398	80%	4,157	20%
Miami	16,415	63%	9,740	37%
Midlesex/Somerset/Hunterdon	1,301	58%	957	42%
Minneapolis/St. Paul	3,819	76%	1,180	24%
Nassau-Suffolk Counties	2,303	52%	2,141	48%
New Haven	4,089	56%	3,228	44%
New Orleans	3,404	63%	1,978	37%
New York	43,691	59%	3,0349	41%
Newark	9,169	57%	6,870	43%
Norfolk	1,245	66%	639	34%
Oakland	5,467	71%	2,180	29%
Orlando	7,635	62%	4,663	38%
Philadelphia	19,395	57%	14,508	43%
Phoenix	5,884	81%	1,403	19%
Ponce	678	56%	541	44%
Portland	3,770	80%	953	20%
Sacramento	1,883	76%	598	24%
San Antonio	5,453	83%	1,159	17%
San Bernardino	3,717	83%	741	17%
San Diego	14,369	79%	3,743	21%
San Francisco	33,191	84%	6,238	16%
San Jose	2,061	84%	386	16%
San Juan	4,210	58%	3,032	42%
Santa Rosa/Petaluma	2,093	86%	341	14%
Seattle	12,376	84%	2,420	16%
St. Louis	5,233	80%	1,278	20%
Tampa	6,464	71%	2,677	29%
Vineland/Millville/Bridgeton	217	52%	202	48%
Washington, D.C.	7,964	60%	5,207	39%
West Palm Beach	4,280	56%	3,391	44%
<b>Total</b>	<b>393,673</b>		<b>185,256</b>	

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title I providers.

Table I-4: Race/Ethnicity of Duplicated Clients Served by Title I Grantee\*

Grantee	White		African American		Hispanic		Asian/ Pacific Islander		American Indian/ Alaska Native	
	N	%	N	%	N	%	N	%	N	%
Anaheim/ Orange County	1,251	52%	178	7%	799	33%	58	2%	131	5%
Atlanta	3,313	29%	7,649	67%	342	3%	27	***	**	***
Austin	1,899	50%	1,111	29%	796	21%	19	***	**	***
Baltimore	3,060	15%	16,900	83%	178	***	32	***	106	***
Bergen/Passaic	1,621	22%	3,790	51%	2,002	27%	**	***	**	***
Boston	6,561	49%	3,601	27%	2,969	22%	83	***	62	***
Caguas	**	***	**	***	2,573	100%	**	***	**	***
Chicago	3,487	22%	9,332	59%	2,850	18%	102	***	71	***
Cleveland	1,247	36%	1,796	51%	446	13%	**	***	**	***
Dallas	5,920	42%	5,896	41%	2,253	16%	73	***	75	***
Denver	4,710	63%	1,228	16%	1,452	19%	42	***	105	1%
Detroit	1,821	18%	7,984	79%	245	2%	13	***	62	***
Dutchess County	335	30%	596	54%	169	15%	**	***	**	***
Ft. Lauderdale	9,658	32%	17,991	59%	2,738	9%	150	***	49	***
Ft. Worth	1,293	49%	1,071	41%	239	9%	**	***	**	***
Hartford	921	21%	1,810	41%	1,701	38%	**	***	**	***
Houston	12,109	33%	18,642	50%	6,106	17%	180	***	15	***
Jacksonville	1,192	22%	4,176	77%	71	1%	**	***	**	***
Jersey City	1,633	16%	5,332	52%	3,241	32%	51	***	10	***
Kansas City	2,877	56%	1,995	39%	221	4%	28	***	34	***
Las Vegas	2,589	65%	815	20%	544	14%	31	***	**	***
Los Angeles	6,302	31%	5,043	25%	8,333	41%	361	2%	150	***

Table I-4: Race/Ethnicity of Duplicated Clients Served by Title I Grantee\* (*continued*)

Grantee	White		African American		Hispanic		Asian/ Pacific Islander		American Indian/ Alaska Native	
	N	%	N	%	N	%	N	%	N	%
Miami	4,826	19%	11,660	45%	9,615	37%	45	***	**	***
Midlesex/Somerset/Hunterdon	754	33%	958	42%	505	22%	15	***	58	3%
Minneapolis/St. Paul	2,514	53%	1,758	37%	346	7%	39	***	51	1%
Nassau-Suffolk Counties	1,702	39%	2,063	47%	636	14%	19	***	**	***
New Haven	1,442	20%	3,534	48%	2,321	32%	15	***	**	***
New Orleans	1,417	27%	3,772	71%	137	3%	**	***	**	***
New York	9,027	12%	36,683	50%	27,204	37%	747	1%	190	***
Newark	1,437	9%	11,626	73%	2,622	16%	275	2%	48	***
Norfolk	207	11%	787	42%	42	2%	**	***	849	45%
Oakland	1,827	24%	4,769	62%	877	11%	132	2%	40	***
Orlando	3,973	32%	6,043	48%	2,301	18%	143	1%	27	***
Philadelphia	7,497	22%	20,528	60%	4,555	13%	1,221	4%	173	***
Phoenix	4,823	67%	927	13%	1,360	19%	44	***	83	1%
Ponce	**	***	**	***	1,251	100%	**	***	**	***
Portland	3,525	77%	536	12%	354	8%	49	1%	116	3%
Sacramento	1,447	59%	675	27%	257	11%	15	***	57	2%
San Antonio	2,023	31%	1,072	16%	3,374	51%	**	***	95	1%
San Bernardino	2,440	55%	846	19%	1,028	23%	46	1%	51	1%
San Diego	8,555	48%	3,918	22%	4,201	23%	899	5%	376	2%
San Francisco	20,203	54%	9,942	27%	5,384	14%	1,165	3%	812	2%
San Jose	1,076	46%	361	15%	779	33%	104	4%	19	***
San Juan	22	***	15	***	7,077	99%	**	***	**	***

Table I-4: Race/Ethnicity of Duplicated Clients Served by Title I Grantee\* (*continued*)

Grantee	White		African American		Hispanic		Asian/ Pacific Islander		American Indian/ Alaska Native	
	N	%	N	%	N	%	N	%	N	%
Santa Rosa/ Petaluma	1,997	82%	102	4%	288	12%	23	***	25	1%
Seattle	11,336	79%	1,450	10%	1,053	7%	448	3%	103	***
St. Louis	3,089	47%	3,326	51%	72	1%	12	***	11	***
Tampa	4,586	50%	3,626	40%	890	10%	20	***	19	***
Vineland/Millville/Bridgeton	65	15%	214	51%	139	33%	**	***	**	***
Washington, D.C.	1,871	14%	10,148	78%	697	5%	58	***	228	2%
West Palm Beach	1,970	26%	4,980	65%	653	9%	21	***	36	***
<b>Total</b>	179,451		263,256		120,286		6,861		4,402	

\* Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title I providers. The sum of clients served by race/ethnicity may be less than the total number of clients served due to missing data.

\*\*Less than 10 clients reported.

\*\*\*Less than 1 percent.



Table I-5: Age Distribution of Duplicated Clients Served by Title I Grantee\*

Grantee	Age							
	<13years		13-19years		20-44years		45+years	
	N	%	N	%	N	%	N	%
Anaheim/Orange County	47	2%	24	1%	1,689	69%	673	28%
Atlanta	535	5%	84	***	8,379	74%	2,350	21%
Austin	77	2%	13	***	2,962	77%	798	21%
Baltimore	1,264	6%	308	1%	13,306	66%	5,417	27%
Bergen/Passaic	123	2%	103	1%	5,055	67%	2,214	29%
Boston	341	3%	98	***	9,062	68%	3,875	29%
Caguas	180	7%	34	1%	1,718	67%	647	25%
Chicago	848	5%	203	1%	10,459	65%	4,493	28%
Cleveland	109	3%	33	1%	2,502	73%	792	23%
Dallas	231	2%	146	1%	10,841	76%	2,999	21%
Denver	121	2%	53	***	5,427	73%	1,877	25%
Detroit	148	1%	78	***	6,839	67%	3,181	31%
Dutchess County	212	19%	115	10%	615	55%	167	15%
Ft. Lauderdale	1,329	4%	331	1%	24,573	80%	4,407	14%
Ft. Worth	149	6%	29	1%	1,898	72%	549	21%
Hartford	79	2%	12	***	3,041	68%	1,325	30%
Houston	495	1%	325	***	30,750	83%	5,624	15%
Jacksonville	224	4%	497	9%	3,612	66%	1,126	21%
Jersey City	918	9%	531	5%	6,302	63%	2,242	22%
Kansas City	22	***	37	***	3,108	79%	754	19%
Las Vegas	66	2%	39	1%	3,625	90%	294	7%
Los Angeles	1,152	5%	254	1%	16,443	76%	3,861	18%
Miami	788	3%	495	2%	18,017	69%	6,855	26%
Midlesex/Somerset/Hunterdon	134	6%	39	2%	1,329	59%	750	33%
Minneapolis/St. Paul	41	***	32	***	3,730	75%	1,196	24%
Nassau-Suffolk Counties	225	5%	42	***	2,967	69%	1,210	27%
New Haven	518	7%	471	6%	4,726	65%	1,603	22%
New Orleans	331	6%	139	3%	3,883	72%	1,013	19%
New York	3,186	4%	2,719	4%	47,639	65%	20,101	27%
Newark	773	5%	230	1%	9,047	58%	5,555	36%
Norfolk	**	***	38	2%	1,388	74%	454	24%

Table I-5: Age Distribution of Duplicated Clients Served by Title I Grantee\* (*continued*)

Grantee	Age							
	<13years		13-19years		20-44years		45+years	
	N	%	N	%	N	%	N	%
Oakland	160	2%	100	1%	5,174	67%	2,277	29%
Orlando	337	3%	388	3%	9,491	76%	2,215	18%
Philadelphia	1,771	5%	1,431	4%	23,724	72%	6,215	19%
Phoenix	31	***	20	***	5,928	81%	1,308	18%
Ponce	84	7%	16	1%	951	76%	200	16%
Portland	89	2%	105	2%	2,870	61%	1,659	35%
Sacramento	43	2%	15	***	1,693	68%	730	29%
San Antonio	62	1%	46	***	4,727	76%	1,405	23%
San Bernardino	37	***	27	***	3,116	71%	1,209	27%
San Diego	305	2%	2,925	16%	11,947	66%	2,894	16%
San Francisco	233	***	162	***	27,648	69%	12,213	30%
San Jose	10	***	**	***	1,793	73%	641	26%
San Juan	388	5%	95	1%	5,135	71%	1,589	22%
Santa Rosa/Petaluma	68	3%	41	2%	1,441	59%	884	36%
Seattle	63	***	32	***	10,377	73%	3,804	27%
St. Louis	91	1%	86	1%	5,072	78%	1,220	19%
Tampa	539	6%	105	1%	6,229	68%	2,268	25%
Vineland/Millville/Bridgeton	**	***	**	2%	322	77%	89	21%
Washington, D.C.	1,086	8%	272	2%	9,105	68%	2,878	22%
West Palm Beach	635	8%	185	2%	4,686	61%	2,165	28%
<b>Total</b>	20,698		13,618		406,361		136,265	

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. The sum of clients served by age may be less than the total number of clients served due to missing data.

\*\*Less than 10 clients reported.

\*\*\*Less than 1 percent.

Table I-6: Number of Visits by Service Type for Each Title I Grantee

Grantee	Medical Care	Dental Care	Mental Health	Substance Abuse	Home Health	Rehabilitation Services	Case Management
Anaheim/Orange County	4,306	0	4,224	344	12,738	0	8,621
Atlanta	50,997	0	9,711	16,458	1,142	299	8,392
Austin	39,190	0	2,900	197	7,939	231	18,268
Baltimore	50,397	0	11,959	24,900	689	0	16,517
Bergen/Passaic	7,384	1,618	6,655	12,788	266	0	16,746
Boston	33,813	4,202	8,875	75,927	2,035	0	20,938
Caguas	10,976	0	1,952	100	197	0	14,953
Chicago	27,249	5,549	27,670	27,619	4,409	0	22,072
Cleveland	9,047	491	3,181	1,257	3,058	0	11,731
Dallas	12,432	6,347	12,109	6,906	2,276	0	36,666
Denver	23,355	3,599	6,017	3,115	2,312	0	13,243
Detroit	9,693	0	3,535	430	3,915	0	19,798
Dutchess County	1,145	0	142	0	0	0	3,937
Ft. Lauderdale	45,300	3,524	6,146	48,596	1,213	0	40,217
Ft. Worth	2,857	230	1,308	2,975	10,413	0	10,446
Hartford	3,268	0	335	1,463	133	233	9,098
Houston	49,702	0	6,841	1,173	8,676	0	12,240
Jacksonville	5,286	3,089	1,986	6,661	8	0	12,110
Jersey City	7,837	146	1,780	1,674	4,542	0	29,179
Kansas City	2,034	513	1,308	0	20	0	2,715
Las Vegas	3,686	0	759	630	159	0	1,472
Los Angeles	31,994	2,353	26,821	19,080	0	0	25,946
Miami	71,349	6,375	10,989	42,231	3,151	0	51,478
Midlesex/Somerset/Hunterdon	4,388	0	6,416	8,731	0	0	7,683
Minneapolis/St. Paul	634	0	1,191	125	1,421	0	8,437
Nassau-Suffolk Counties	3,800	1,258	7,244	7,402	0	0	6,028
New Haven	15,280	0	6,473	38,085	766	62	16,814
New Orleans	6,094	1,924	4,244	2,406	0	24	22,292
New York	110,014	10,627	98,932	219,986	20,345	826	198,205
Newark	39,549	1,938	11,531	29,494	1,184	0	41,712
Norfolk	3,070	0	229	5,334	0	0	3,831
Oakland	15,323	0	4,485	3,515	2,891	0	15,949
Orlando	14,231	457	2,299	136	240	0	9,028
Philadelphia	29,982	0	4,671	973	39,025	3,469	86,032
Phoenix	3,648	0	1,441	994	2,111	0	6,023
Ponce	10,014	0	511	10,800	600	0	7,644

Table I-6: Number of Visits by Service Type for Each Title I Grantee (*continued*)

Grantee	Medical Care	Dental Care	Mental Health	Substance Abuse	Home Health	Rehabilitation Services	Case Management
Portland	7,041	0	3,420	2,490	71	14	8,790
Sacramento	5,514	0	3,553	3,112	12	0	4,667
San Antonio	20,002	0	1,496	2,977	1,856	0	11,813
San Bernardino	12,791	1,461	5,916	951	3,698	0	12,458
San Diego	6,912	0	6,947	17,412	1,135	0	56,978
San Francisco	85,781	9,931	79,458	153,548	17,629	0	99,404
San Jose	6,131	1,160	1,119	9,444	4,321	0	9,313
San Juan	121,773	1,651	6,939	12,252	16,106	173	65,185
Santa Rosa/Petaluma	4,048	978	2,871	1,332	3,052	0	8,902
Seattle	8,573	0	3,584	3,423	20,517	0	17,461
St. Louis	2,380	679	2,606	593	513	1,601	9,181
Tampa	15,793	1,205	7,186	11,375	0	0	8,005
Vineland/Millville/Bridgeton	256	33	0	63	0	0	390
Washington, D.C.	36,331	2,411	14,450	11,692	3,105	0	31,991
West Palm Beach	24,659	0	4,229	1,898	11,500	5,273	39,173
<b>Total</b>	<b>1,117,309</b>	<b>73,749</b>	<b>450,644</b>	<b>855,067</b>	<b>221,389</b>	<b>12,205</b>	<b>1,220,172</b>

Table I-7: Number of Duplicated Clients Served by Service Type for Each Title I Grantee\*

Grantee	Buddy/Companion Services	Client Advocacy	Other Counseling Not Mental Health	Service Outreach/ Secondary Prevention	Emergency Financial Assistance
Anaheim/Orange County	124	1,444	418	0	300
Atlanta	111	6,325	6,397	0	2,266
Austin	234	103	308	0	22
Baltimore	88	1,857	3,283	0	5,371
Bergen/Passaic	244	1,846	54	3,039	559
Boston	185	4,283	1,573	2,133	1,278
Caguas	21	1	204	0	287
Chicago	524	1,198	628	2,346	617
Cleveland	19	25	19	19	0
Dallas	267	3,003	623	3,771	240
Denver	0	20	119	868	669
Detroit	0	1,750	404	288	485
Dutchess County	0	465	529	63	88
Ft. Lauderdale	674	242	2,572	51,835	57
Ft. Worth	216	241	345	114	54
Hartford	169	525	648	0	306
Houston	151	2,243	595	0	1,310
Jacksonville	0	232	9	1,737	0
Jersey City	100	6,003	4,395	7,115	470
Kansas City	0	14	6	14	113
Las Vegas	0	908	108	0	190
Los Angeles	248	7,820	25,593	1,864	363
Miami	0	199	484	26,348	6,541
Middlesex/Somerset/Hunterdon	0	62	255	0	314
Minneapolis/St. Paul	81	392	248	685	850
Nassau-Suffolk Counties	1	813	235	0	498
New Haven	26	971	529	0	784
New Orleans	2	162	142	187	57
New York	1,595	15,394	122,052	84,665	752
Newark	69	1,473	0	96	5,943
Norfolk	8	241	251	0	109
Oakland	6	1,240	693	0	2,258

Table I-7: Number of Duplicated Clients Served by Service Type for Each Title I Grantee\* (*continued*)

Grantee	Buddy/Companion Services	Client Advocacy	Other Counseling Not Mental Health	Service Outreach/ Secondary Prevention	Emergency Financial Assistance
Orlando	54	100	1,184	3,355	1,859
Philadelphia	494	3,205	4,808	0	796
Phoenix	0	746	2,724	25,996	299
Ponce	0	0	34	0	152
Portland	219	821	339	0	1,175
Sacramento	130	22	64	0	743
San Antonio	191	8,761	1,979	0	612
San Bernardino	83	882	413	396	145
San Diego	2	2,629	431	2,359	575
San Francisco	5,033	10,030	4,983	1,427	3,809
San Jose	51	1,027	1,110	609	364
San Juan	3	99	7,922	999	515
Santa Rosa/Petaluma	68	421	164	0	337
Seattle	158	2,228	542	0	1,309
St. Louis	0	288	1,531	1,560	764
Tampa	0	1,052	1,903	0	457
Vineland/Millville/Bridgeton	0	39	156	0	2
Washington, D.C.	837	1,161	3,151	2,582	1,343
West Palm Beach	167	965	65	0	351
<b>Total</b>	<b>12,653</b>	<b>95,971</b>	<b>207,222</b>	<b>226,470</b>	<b>48,758</b>

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title I providers.

Table I-7: Number of Duplicated Clients Served by Service Type for Each Title I Grantee\* (*continued*)

Grantee	Food Bank	Transportation	Housing	Hospice	Other
Anaheim/Orange County	748	473	342	11	270
Atlanta	1,106	1,034	715	16	32
Austin	718	395	598	26	378
Baltimore	1,447	4,340	302	65	7,863
Bergen/Passaic	370	1,163	300	3	1,142
Boston	13,702	5,611	7,869	41	7,357
Caguas	0	188	258	39	422
Chicago	1,239	6,098	904	53	38,639
Cleveland	618	370	149	17	682
Dallas	1,832	1,329	542	61	545
Denver	1,853	1,624	117	21	2,271
Detroit	2,084	1,917	196	78	857
Dutchess County	159	4	29	0	443
Ft. Lauderdale	2,374	3,401	638	0	4,082
Ft. Worth	743	516	15	0	264
Hartford	533	687	700	51	1,513
Houston	4,931	4,131	1,704	50	532
Jacksonville	1,244	2,399	1,566	0	533
Jersey City	10,775	1,958	277	0	2,911
Kansas City	6,530	567	586	8	332
Las Vegas	1,044	826	862	0	1,318
Los Angeles	3,684	3,703	10,903	1	1,272
Miami	1,695	508	0	0	257
Midlesex/Somerset/Hunterdon	40	173	36	0	177
Minneapolis/St. Paul	1,795	834	68	0	2,706
Nassau-Suffolk Counties	67	750	169	0	287
New Haven	5,537	1,099	1,335	15	1,282
New Orleans	635	1,300	239	27	566
New York	15,825	5,487	2,684	2	17,216
Newark	1,920	2,473	459	0	1,939
Norfolk	185	303	164	0	7
Oakland	1,525	341	798	0	1,054

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title I providers.

Table I-7: Number of Duplicated Clients Served by Service Type for Each Title I Grantee\* (*continued*)

Grantee	Food Bank	Transportation	Housing	Hospice	Other
Orlando	2,514	576	8	0	1,191
Philadelphia	5,804	3,136	2,182	60	56,616
Phoenix	955	600	219	0	3,199
Ponce	0	85	0	10	30
Portland	239	677	575	23	1,005
Sacramento	363	638	186	26	220
San Antonio	6,254	1,878	137	205	10,501
San Bernardino	1,826	959	141	0	784
San Diego	2,858	1,948	642	0	22,715
San Francisco	5,253	1,586	6,793	54	11,659
San Jose	603	255	253	23	708
San Juan	258	563	54	76	2,667
Santa Rosa/Petaluma	500	93	182	11	807
Seattle	891	273	612	0	8,850
St. Louis	2,392	1,208	1,118	0	270
Tampa	1,873	235	411	8	341
Vineland/Millville/Bridgeton	203	53	7	0	78
Washington, D.C.	3,489	3,989	1,161	3,870	6,371
West Palm Beach	1,251	1,281	648	0	708
<b>Total</b>	<b>124,484</b>	<b>76,035</b>	<b>50,853</b>	<b>4,951</b>	<b>227,869</b>

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title I providers.



## **Appendix II**

Table II-1: Types of Organizations Providing Title II Services

Grantee	Hospital or Hospital- Based Clinic	Publicly Funded Community Health Center	Publicly Funded Community Mental Health Center	Other Community Based Organization	Health Department	Other Public Agency	Solo/Group Private Health Practice	Agency Reporting for Multiple FFS Providers	Other
Alabama	2	2	--	9	4	--	--	--	--
Alaska	--	--	--	3	--	--	--	--	--
Arizona	1	--	1	3	3	1	--	--	1
Arkansas	--	2	--	4	--	--	--	--	--
California	15	9	2	68	27	7	5	--	9
Colorado	--	--	--	5	1	--	--	--	1
Connecticut	--	1	--	15	1	--	--	--	2
Delaware	2	--	--	9	1	--	--	--	3
District of Columbia	4	--	--	15	--	--	--	--	3
Florida	2	2	1	32	22	4	3	5	4
Georgia	2	--	--	1	16	--	--	--	--
Hawaii	--	--	--	7	--	--	--	--	1
Idaho	--	--	--	4	--	--	--	--	--
Illinois	7	3	1	24	11	2	3	13	4
Indiana	2	--	--	3	--	--	--	--	--
Iowa	1	--	1	6	1	--	--	--	1
Kansas	--	1	--	4	3	--	--	--	1
Kentucky	--	--	--	3	4	--	--	--	--
Louisiana	1	--	--	12	--	1	11	--	1
Maine	--	--	--	5	--	--	--	--	--
Maryland	--	--	--	--	--	--	--	--	38
Massachusetts	3	5	1	39	--	--	--	--	7
Michigan	5	--	--	25	6	1	--	--	1
Minnesota	5	--	1	9	--	1	--	--	2
Mississippi	--	--	--	--	1	--	--	--	--
Missouri	1	2	--	4	12	--	--	1	--
Montana	--	--	--	1	2	--	--	--	--
Nebraska	--	--	--	1	1	--	--	--	--

Table II-1: Types of Organizations Providing Title II Services (*continued*)

Grantee	Hospital or Hospital- Based Clinic	Publicly Funded Community Health Center	Publicly Funded Community Mental Health Center	Other Community Based Organization	Health Department	Other Public Agency	Solo/Group Private Health Practice	Agency Reporting for Multiple FFS Providers	Other
Nevada	--	1	--	--	1	--	--	--	--
New Hampshire	--	--	--	--	1	--	--	--	--
New Jersey	8	--	--	34	4	2	--	--	3
New Mexico	1	--	--	4	--	--	--	--	--
New York	25	7	--	78	7	3	--	--	26
North Carolina	--	--	--	1	--	--	--	--	13
North Dakota	--	--	--	--	1	--	--	--	--
Ohio	--	--	--	11	--	--	--	--	--
Oklahoma	--	--	1	2	--	--	--	--	--
Oregon	--	--	--	9	21	--	--	--	3
Pennsylvania	10	1	1	57	1	1	1	--	4
Puerto Rico	--	--	--	25	--	1	2	--	4
Rhode Island	--	--	--	4	--	--	--	--	--
South Carolina	3	--	--	11	3	1	1	--	1
South Dakota	--	--	--	--	--	--	--	--	1
Tennessee	2	--	--	12	5	--	1	--	8
Texas	4	4	2	48	6	--	2	3	6
Utah	2	1	--	3	1	1	5	1	--
Vermont	2	--	--	7	1	--	--	--	--
Virginia	6	4	3	17	14	--	3	--	3
Virgin Islands	--	--	--	--	1	--	--	--	--
Washington State	--	1	2	16	7	1	2	4	2
West Virginia	--	--	--	--	--	--	--	1	--
Wisconsin	4	2	--	15	--	1	--	--	--

Table II-2: Number of Duplicated Clients Served by Title II Grantee\*

Grantee	Number of Duplicated Clients Served	
	Total	New
Alabama	5,420	1,490
Alaska	319	44
Arizona	1,454	516
Arkansas	906	237
California	38,666	9,196
Colorado	1,063	230
Connecticut	4,974	1,715
Delaware	2,556	878
District of Columbia	6,618	2,833
Florida	47,410	29,298
Georgia	5,307	1,362
Hawaii	902	277
Idaho	148	44
Illinois	8,414	2,464
Indiana	3,704	852
Iowa	626	158
Kansas	1,520	306
Kentucky	1,769	331
Louisiana	5,153	1,243
Maine	378	75
Maryland	17,218	7,241
Massachusetts	6,847	2,507
Michigan	9,105	3,012
Minnesota	3,378	900
Mississippi	59	9
Missouri	7,366	1,643
Montana	100	44
Nebraska	698	106
Nevada	528	290
New Hampshire	233	--
New Jersey	10,424	3,920
New Mexico	1,629	230
New York	73,232	27,404
North Carolina	3,787	371
North Dakota	--	--
Ohio	4,697	777
Oklahoma	1,689	483
Oregon	3,433	965
Pennsylvania	23,246	7,673
Puerto Rico	7,787	1,468
Rhode Island	1,125	235
South Carolina	6,289	1,592
South Dakota	47	8
Tennessee	4,927	2,001
Texas	44,387	17,644
Utah	2,064	768
Vermont	776	131
Virginia	3,455	2,088
Virgin Islands	114	26
Washington State	3,585	1,014
West Virginia	674	89
Wisconsin	2,803	699
<b>Total</b>	<b>383,009</b>	<b>138,887</b>

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title II providers.

Table II-3: Gender of Duplicated Clients Served by Title II Grantee\*

Grantee	Males		Females	
	N	%	N	%
Alabama	3,700	68%	1,720	32%
Alaska	256	80%	63	20%
Arizona	1,163	80%	291	20%
Arkansas	662	73%	244	27%
California	30,370	79%	8,107	21%
Colorado	892	84%	171	16%
Connecticut	3,019	61%	1,955	39%
Delaware	1,648	64%	908	36%
District of Columbia	3,934	60%	2,636	40%
Florida	31,140	66%	16,219	34%
Georgia	3,287	62%	2,020	38%
Hawaii	753	83%	149	17%
Idaho	113	76%	35	24%
Illinois	5,975	71%	2,438	29%
Indiana	1,911	81%	461	19%
Iowa	443	71%	183	29%
Kansas	1,255	83%	265	17%
Kentucky	1,433	81%	336	19%
Louisiana	3,425	68%	1,603	32%
Maine	292	78%	83	22%
Maryland	10,655	62%	6,561	38%
Massachusetts	4,071	59%	2,776	41%
Michigan	6,457	71%	2,607	29%
Minnesota	2,458	73%	920	27%
Mississippi	47	80%	12	20%
Missouri	6,050	83%	1,266	17%
Montana	83	83%	17	17%
Nebraska	542	79%	146	21%
Nevada	394	75%	134	25%
New Hampshire	180	77%	53	23%
New Jersey	5,751	56%	4,455	44%
New Mexico	1,456	89%	173	11%
New York	46,211	63%	26,975	37%
North Carolina	2,477	65%	1,310	35%
North Dakota	--	--	--	--
Ohio	3,575	76%	1,122	24%
Oklahoma	1,418	84%	271	16%
Oregon	2,652	77%	781	23%
Pennsylvania	15,322	67%	7,562	33%
Puerto Rico	4,672	65%	2,526	35%
Rhode Island	679	60%	446	40%
South Carolina	3,665	58%	2,619	42%
South Dakota	37	79%	10	21%
Tennessee	3,510	79%	1,417	21%
Texas	33,232	75%	11,095	25%
Utah	1,734	85%	301	15%
Vermont	615	79%	161	21%
Virginia	2,249	65%	1,199	35%
Virgin Islands	56	49%	58	51%
Washington State	2,857	80%	715	20%
West Virginia	498	74%	176	26%
Wisconsin	2,065	74%	739	26%
<b>Total</b>	<b>261,339</b>		<b>118,490</b>	

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported.

Table II-4: Race/Ethnicity of Duplicated Clients Served by Title II Grantee\*

Grantee	White		African American		Hispanic		Asian/ Pacific Islander		American Indian/Alaska Native	
	N	%	N	%	N	%	N	%	N	%
Alabama	1,757	32%	3,593	66%	46	1%	**	***	14	***
Alaska	189	59%	31	10%	32	10%	**	1%	64	20%
Arizona	850	59%	99	7%	392	27%	10	1%	91	6%
Arkansas	438	48%	439	48%	23	3%	**	***	**	***
California	16,260	43%	9,516	25%	10,824	29%	687	2%	408	1%
Colorado	774	74%	73	7%	181	17%	**	***	19	2%
Connecticut	1,070	22%	2,190	44%	1,690	34%	11	***	12	***
Delaware	634	25%	1,738	68%	156	6%	**	***	15	1%
District of Columbia	550	8%	5,577	85%	326	5%	50	1%	26	***
Florida	17,464	37%	25,353	54%	4,023	9%	252	1%	71	***
Georgia	1,343	25%	3,833	72%	116	2%	**	***	--	--
Hawaii	528	59%	55	6%	91	10%	210	23%	18	2%
Idaho	127	86%	**	3%	14	9%	--	--	**	1%
Illinois	3,701	44%	3,804	45%	821	10%	47	1%	40	***
Indiana	1,493	64%	762	33%	73	3%	**	***	**	***
Iowa	471	75%	121	19%	25	4%	**	1%	**	***
Kansas	1,078	71%	298	20%	107	7%	**	***	25	2%
Kentucky	1,206	68%	527	30%	20	1%	**	***	10	1%
Louisiana	1,417	28%	3,521	70%	48	1%	10	***	**	***
Maine	348	94%	10	3%	10	3%	--	--	**	1%
Maryland	2,487	14%	14,331	83%	242	1%	109	1%	47	***
Massachusetts	3,331	51%	920	14%	2,189	34%	17	***	43	1%
Michigan	2,787	31%	5,793	64%	329	4%	10	***	123	1%
Minnesota	1,525	47%	1,395	43%	248	8%	37	1%	22	1%
Mississippi	13	22%	46	78%	--	--	--	--	--	--
Missouri	4,221	57%	2,896	39%	177	2%	40	1%	32	***
Montana	87	87%	**	4%	**	1%	**	1%	**	7%
Nebraska	442	65%	146	21%	76	11%	**	1%	13	2%

Table II-4: Race/Ethnicity of Duplicated Clients Served by Title II Grantee\* (*continued*)

Grantee	White		African American		Hispanic		Asian/ Pacific Islander		American Indian/Alaska Native	
	N	%	N	%	N	%	N	%	N	%
Nevada	323	61%	132	25%	57	11%	**	1%	10	2%
New Hampshire	183	79%	21	9%	28	12%	--	--	--	--
New Jersey	2,549	25%	5,092	49%	1,816	18%	29	***	857	8%
New Mexico	829	54%	60	4%	637	41%	**	1%	11	1%
New York	14,207	20%	33,960	47%	23,279	32%	884	1%	168	***
North Carolina	1,034	27%	2,610	69%	96	3%	11	***	47	1%
North Dakota	--	--	--	--	--	--	--	--	--	--
Ohio	2,389	51%	2,037	43%	241	5%	**	***	27	1%
Oklahoma	1,187	70%	299	18%	58	3%	**	***	138	8%
Oregon	2,648	79%	279	8%	260	8%	29	1%	120	4%
Pennsylvania	5,840	26%	13,916	62%	2,497	11%	186	1%	36	***
Puerto Rico	**	***	14	***	7,871	100%	**	***	--	--
Rhode Island	515	47%	313	29%	224	20%	13	1%	31	3%
South Carolina	1,476	24%	4,686	75%	72	1%	19	***	17	***
South Dakota	37	84%	**	9%	**	7%	--	--	--	--
Tennessee	2,292	47%	2,537	52%	72	1%	13	***	**	***
Texas	18,016	41%	18,258	41%	7,648	17%	164	***	212	***
Utah	1,500	81%	109	6%	197	11%	13	1%	29	2%
Vermont	668	87%	71	9%	28	4%	--	--	--	--
Virginia	406	12%	1,330	39%	44	1%	39	1%	1,631	47%
Virgin Islands	10	9%	76	67%	27	24%	0	***	**	1%
Washington State	2,759	77%	281	8%	332	9%	45	1%	150	4%
West Virginia	486	72%	183	27%	**	1%	**	***	--	--
Wisconsin	1,217	44%	1,148	42%	349	13%	**	***	33	1%
<b>Total</b>	<b>127,171</b>		<b>174,492</b>		<b>68,120</b>		<b>3,022</b>		<b>4,649</b>	

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. The sum of clients served by race/ethnicity may be less than the total number of clients served due to missing data.

\*\*Less than 10 clients reported.

\*\*\*Less than 1 percent.

Table II-5: Age Distribution of Duplicated Clients Served by Title II Grantee\*

Grantee	Age							
	<13years		13-19years		20-44years		45+years	
	N	%	N	%	N	%	N	%
Alabama	168	3%	85	2%	4,073	75%	1,094	20%
Alaska	**	1%	**	***	254	80%	61	19%
Arizona	35	2%	12	1%	1,116	77%	286	20%
Arkansas	**	1%	11	1%	683	78%	173	20%
California	1,415	4%	428	1%	27,547	71%	9,157	24%
Colorado	16	2%	11	1%	864	81%	172	16%
Connecticut	100	2%	36	1%	3,478	70%	1,360	27%
Delaware	68	3%	**	***	1,708	67%	771	30%
District of Columbia	1,004	15%	198	3%	3,578	54%	1,828	28%
Florida	1,658	4%	411	1%	31,998	71%	10,719	24%
Georgia	545	10%	96	2%	3,546	67%	1,120	21%
Hawaii	14	2%	**	1%	583	65%	299	33%
Idaho	**	1%	**	1%	109	76%	32	22%
Illinois	304	4%	120	1%	6,482	77%	1,507	18%
Indiana	**	***	15	1%	1,779	80%	428	19%
Iowa	18	3%	**	1%	444	80%	86	16%
Kansas	12	1%	**	1%	1,257	83%	241	16%
Kentucky	**	***	**	1%	1,447	82%	305	17%
Louisiana	204	4%	59	1%	3,944	81%	692	14%
Maine	**	1%	**	1%	280	75%	89	24%
Maryland	1,073	6%	169	1%	11,886	69%	4,088	24%
Massachusetts	150	2%	70	1%	4,572	67%	2,073	30%
Michigan	144	2%	45	***	6,273	69%	2,609	29%
Minnesota	42	1%	25	1%	2,568	76%	743	22%
Mississippi	**	3%	**	5%	43	73%	11	19%
Missouri	52	1%	60	1%	5,713	78%	1,499	20%
Montana	--	--	--	--	81	81%	19	19%
Nebraska	**	1%	**	1%	549	79%	134	19%
Nevada	43	8%	**	1%	106	20%	372	70%



Table II-5: Age Distribution of Duplicated Clients Served by Title II Grantee\* (*continued*)

Grantee	Age							
	<13years		13-19years		20-44years		45+years	
	N	%	N	%	N	%	N	%
New Hampshire	**	***	**	1%	181	78%	49	21%
New Jersey	334	3%	128	1%	6,485	68%	2,617	27%
New Mexico	**	***	**	***	1,201	74%	418	26%
New York	2,874	4%	2,161	3%	48,494	66%	19,829	27%
North Carolina	--	--	83	2%	2,825	75%	881	23%
North Dakota	--	--	--	--	--	--	--	--
Ohio	269	6%	56	1%	3,244	69%	1,128	24%
Oklahoma	**	***	**	***	1,351	80%	331	20%
Oregon	88	3%	42	1%	1,976	58%	1,327	39%
Pennsylvania	1,735	8%	392	2%	16,855	78%	2,600	12%
Puerto Rico	348	5%	66	1%	5,180	72%	1,589	22%
Rhode Island	13	3%	**	2%	293	63%	154	33%
South Carolina	97	2%	49	1%	4,512	72%	1,624	26%
South Dakota	--	--	--	--	35	74%	12	26%
Tennessee	238	5%	23	***	3,719	75%	947	19%
Texas	825	2%	381	1%	36,223	82%	6,911	16%
Utah	**	***	11	1%	834	45%	1,000	54%
Vermont	**	1%	**	***	574	74%	196	25%
Virginia	**	***	144	4%	2,436	71%	867	25%
Virgin Islands	**	2%	**	2%	78	69%	31	27%
Washington State	54	2%	37	1%	2,046	61%	1,226	36%
West Virginia	**	1%	**	***	585	87%	83	12%
Wisconsin	95	3%	25	1%	2,164	77%	519	19%
<b>Total</b>	<b>14,097</b>		<b>5,527</b>		<b>268,252</b>		<b>86,307</b>	

\*Client counts are duplicated at the grantee level. The sum of clients served by age may be less than the total number of clients served due to missing data.

\*\*Less than 10 clients reported.

\*\*\*Less than 1 percent.

Table II-6: Number of Visits by Service Type for Each Title II Grantee

Grantee	Medical Care	Dental Care	Mental Health	Substance Abuse	Home Health	Rehabilitation Services	Case Management
Alabama	15,089	--	1,113	2	255	--	31,506
Alaska	85	15	12	278	56	--	2,336
Arizona	1,833	574	841	724	623	1	4,712
Arkansas	493	79	9	--	--	--	2,642
California	87,778	17,291	47,229	2,636	35,448	16	105,817
Colorado	616	28	311	480	30	--	9,727
Connecticut	2,867	55	2,444	1,203	399	68	18,938
Delaware	5,559	--	761	36	2,319	--	3,252
District of Columbia	9,352	--	1,251	1,876	8,195	--	17,693
Florida	68,373	13,619	16,882	15,819	8,668	5,397	126,670
Georgia	25,168	--	963	288	--	3	16,620
Hawaii	528	235	56	4	3	--	2,481
Idaho	243	48	80	--	2	--	522
Illinois	3,969	874	4,197	1,535	9,764	94	23,911
Indiana	2,433	--	--	--	--	--	1,382
Iowa	200	60	166	4	12	3	3,369
Kansas	181	2	0	--	--	1	12,982
Kentucky	626	--	87	--	--	--	8,023
Louisiana	10,415	1,586	564	160	3,659	24	27,757
Maine	--	--	--	81	--	--	5,684
Maryland	50,173	3,825	14,551	24,298	590	--	26,860
Massachusetts	2,000	--	2,425	116	11,571	3,573	23,636
Michigan	6,898	--	8,792	55	2,861	--	27,633
Minnesota	--	--	289	--	--	--	6,286
Mississippi	--	--	--	--	390	--	--
Missouri	4,039	1,124	3,486	--	513	1,507	12,547

Table II-6: Number of Visits by Service Type for Each Title II Grantee (*continued*)

Grantee	Medical Care	Dental Care	Mental Health	Substance Abuse	Home Health	Rehabilitation Services	Case Management
Montana	73	19	18	--	--	--	254
Nebraska	865	90	32	3	3	--	390
Nevada	1,212	208	152	320	846	--	5,548
New Hampshire	326	--	--	--	--	--	--
New Jersey	8,758	--	1,852	14,169	7,178	24	17,606
New Mexico	2,814	--	6,295	223	1,761	--	5,175
New York	163,304	21,982	48,430	75,754	5,263	12,178	142,315
North Carolina	857	456	1,194	253	860	--	12,422
North Dakota	--	--	--	--	--	--	--
Ohio	1,002	36	898	127	8	--	29,316
Oklahoma	3,376	432	1,913	143	246	--	3,288
Oregon	7,172	--	2,975	2,327	271	1,022	8,597
Pennsylvania	14,296	1,013	6,093	620	23,424	--	95,793
Puerto Rico	15,549	229	2,208	1,530	1,601	--	26,995
Rhode Island	--	317	375	--	4,394	--	8,085
South Carolina	8,637	--	374	49	--	--	11,740
South Dakota	31	--	--	--	30	--	72
Tennessee	281	--	4,409	--	--	--	11,262
Texas	46,189	20,868	17,561	10,040	24,013	--	77,390
Utah	4,592	419	1,168	1,984	92	--	3,457
Vermont	1,512	--	48	--	--	--	2,112
Virginia	4,463	--	506	6	--	--	6,354
Virgin Islands	948	--	--	--	--	--	127
Washington State	576	245	2,971	277	79	--	12,275
West Virginia	73	66	6	--	6	13	3,821
Wisconsin	4,108	1,648	2,987	3,008	--	--	13,352
<b>Total</b>	589,932	87,443	208,974	160,428	155,433	23,924	1,020,732

Table II-7: Number of Duplicated Clients Served by Service Type for Each Title II Grantee\*

Grantee	Buddy/Companion Services	Client Advocacy	Other Counseling/ Not Mental Health	Service Outreach/ Secondary Prevention
Alabama	276	1,401	1,376	--
Alaska	12	336	28	23
Arizona	--	746	53	73
Arkansas	--	92	149	--
California	885	14,058	29,878	9,531
Colorado	113	1,351	497	238
Connecticut	176	859	842	129
Delaware	--	624	297	--
District of Columbia	604	1,201	2,153	--
Florida	545	1,942	3,753	133,983
Georgia	330	4,118	3,729	--
Hawaii	--	20	91	--
Idaho	--	79	30	120
Illinois	--	182	5	4
Indiana	--	468	444	--
Iowa	63	87	146	18
Kansas	20	511	1,387	101
Kentucky	--	48	--	--
Louisiana	151	1,071	260	227
Maine	4	229	299	--
Maryland	271	1,552	2,589	--
Massachusetts	119	520	903	--
Michigan	250	1,900	543	--
Minnesota	58	418	139	--
Mississippi	--	--	--	--
Missouri	14	71	1,532	--
Montana	1	1	--	--
Nebraska	--	--	--	--
Nevada	4	172	280	346
New Hampshire	--	--	--	--
New Jersey	173	1,913	768	--
New Mexico	49	618	680	--
New York	407	9,658	67,524	40,015
North Carolina	--	--	--	--
North Dakota	--	--	--	--
Ohio	181	2,341	958	813
Oklahoma	--	538	268	351
Oregon	184	1,340	469	--
Pennsylvania	716	3,976	4,760	15,020
Puerto Rico	1,962	1,893	4,141	73
Rhode Island	23	742	690	--
South Carolina	474	3,136	1,130	--
South Dakota	--	--	--	--
Tennessee	10	2,169	2,579	577
Texas	770	5,941	751	12,810
Utah	--	928	471	135
Vermont	--	28	--	--
Virginia	8	161	340	--
Virgin Islands	--	--	--	--
Washington State	380	1,209	315	158
West Virginia	128	483	419	23
Wisconsin	136	1,596	734	1,554
<b>Total</b>	<b>9,497</b>	<b>72,727</b>	<b>138,400</b>	<b>216,322</b>

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title II providers.

Table II-7: Number of Duplicated Clients Served by Service Type for Each Title II Grantee\*  
(continued)

Grantee	Emergency Financial Assistance	Food Bank	Transportation	Housing	Hospice	Other
Alabama	1,310	1,227	1,086	619	14	914
Alaska	10	1,024	100	81	--	14
Arizona	99	45	75	19	--	298
Arkansas	143	9	61	25	--	197
California	5,091	7,496	6,013	12,738	66	20,336
Colorado	812	804	697	319	--	931
Connecticut	1,392	751	1,734	1,553	64	1,477
Delaware	394	340	578	35	--	1,070
District of Columbia	630	3,262	1,928	333	--	5,186
Florida	1,602	9,143	6,672	3,080	1	3,981
Georgia	367	307	846	207	24	150
Hawaii	150	305	62	270	--	216
Idaho	43	25	25	6	--	17
Illinois	358	1,705	984	1,112	--	985
Indiana	16	1,217	277	--	--	326
Iowa	134	89	133	124	3	60
Kansas	140	754	903	259	--	848
Kentucky	1,317	385	663	206	1	6
Louisiana	205	1,096	868	552	25	899
Maine	291	244	118	91	--	192
Maryland	4,760	628	4,146	27	--	1,107
Massachusetts	143	2,323	2,007	458	--	2,310
Michigan	724	2,306	1,992	559	--	792
Minnesota	1,703	--	800	68	--	2,276
Mississippi	--	--	--	--	--	--
Missouri	496	1,214	1,513	517	--	--
Montana	12	36	18	11	--	12
Nebraska	92	10	54	153	--	23
Nevada	23	75	32	71	--	594
New Hampshire	--	--	--	--	--	1
New Jersey	678	871	1,404	343	--	62,902
New Mexico	382	471	136	429	1	252
New York	1,356	13,227	8,308	3,518	--	13,144
North Carolina	--	--	--	--	--	--
North Dakota	--	--	--	--	--	--
Ohio	2,228	1,213	1,967	1,026	12	713
Oklahoma	--	584	188	402	2	3,178
Oregon	1,084	733	796	845	3	1,398
Pennsylvania	2,425	10,090	3,313	3,335	87	7,990
Puerto Rico	1,007	867	6,909	77	208	7,225
Rhode Island	191	260	314	231	18	80
South Carolina	2,279	659	1,449	797	16	1,481
South Dakota	--	--	7	--	--	--
Tennessee	72	2,134	1,468	23	--	1,676
Texas	1,922	7,101	4,223	3,210	121	2,360
Utah	15	--	77	6	--	555
Vermont	--	--	--	--	--	--
Virginia	138	165	403	177	2	231
Virgin Islands	--	--	--	--	--	--
Washington State	1,597	531	1,075	974	20	415
West Virginia	497	1	208	198	7	171
Wisconsin	516	1,339	1,163	1,399	1	306
<b>Total</b>	<b>38,844</b>	<b>77,066</b>	<b>67,793</b>	<b>40,483</b>	<b>702</b>	<b>149,295</b>

\*Client counts are duplicated at the grantee level. Clients may be counted more than once if they received services from multiple providers. These data represent the sum of unduplicated client counts reported by Title II providers.

## **Appendix III**

Table III-1: 1999 State ADAP Annual Administrative Report Number of Clients Served by State

<b>State</b>	<b>Total Clients</b>	<b>New Clients</b>
Alabama	964	164
Alaska	55	15
Arizona	1,118	441
Arkansas	930	243
California	20,556	5,377
Colorado	1,089	299
Connecticut	1,514	672
Delaware	452	240
District of Columbia	1,330	662
Florida	12,735	4,812
Georgia	2,524	1,198
Hawaii	234	85
Idaho	102	31
Illinois	3,303	1,117
Indiana	738	176
Iowa	148	57
Kansas	356	87
Kentucky	738	207
Louisiana	2,674	944
Maryland	1,947	882
Massachusetts	1,666	559
Michigan	786	648
Minnesota	545	137
Mississippi	764	345
Missouri	1,447	373
Montana	51	12
Nebraska	222	86
Nevada	718	211
New Hampshire	178	54
New Jersey	4,232	1,353
New Mexico	475	43
New York	16,088	4,310
North Carolina	1,894	1
North Dakota	37	8
Ohio	1,748	331
Oregon	549	206
Pennsylvania	3,844	723
Puerto Rico	12,272	1,055
Rhode Island	1,040	356
South Carolina	1,180	133
South Dakota	43	8
Tennessee	611	425
Texas	9,402	2,024
Utah	209	65
Vermont	105	38
Virgin Islands	114	26
Virginia	2,444	864
Washington State	1,491	311
West Virginia	151	29
Wisconsin	649	171
<b>Total</b>	<b>118,462</b>	<b>32,614</b>

Table III-2: 1999 State ADAP Annual Administrative Report Gender of Clients Served by State

<b>State</b>	<b>Male</b>	<b>Female</b>
Alabama	748	216
Alaska	42	13
Arizona	973	145
Arkansas	687	243
California	18,521	2,026
Colorado	959	130
Connecticut	1,090	424
Delaware	311	141
District of Columbia	1,005	325
Florida	8,850	3,885
Georgia	2,023	501
Hawaii	211	23
Idaho	87	15
Illinois	2,797	506
Indiana	608	130
Iowa	122	26
Kansas	298	56
Kentucky	613	125
Louisiana	2,051	622
Maryland	1,340	607
Massachusetts	1,366	300
Michigan	664	122
Minnesota	474	71
Mississippi	508	256
Missouri	1,210	237
Montana	42	9
Nebraska	174	48
Nevada	597	121
New Hampshire	45	133
New Jersey	2,757	1,475
New Mexico	423	52
New York	12,323	3,765
North Carolina	1,386	508
North Dakota	30	7
Ohio	1,492	256
Oregon	474	75
Pennsylvania	3,196	647
Puerto Rico	8,570	3,702
Rhode Island	794	246
South Carolina	815	365
South Dakota	35	8
Tennessee	488	123
Texas	7,576	1,826
Utah	181	28
Vermont	93	12
Virgin Islands	56	58
Virginia	1,733	667
Washington State	1,336	155
West Virginia	129	22
Wisconsin	555	94
<b>Total</b>	<b>92,858</b>	<b>25,547</b>



Table III-3: 1999 State ADAP Annual Administrative Report Race/Ethnicity of Clients Served by State

<b>State</b>	<b>White</b>	<b>African American</b>	<b>Hispanic</b>	<b>Asian/ Pacific Islander</b>	<b>American Indian/Alaska Native</b>
Alabama	382	574	6	0	2
Alaska	35	2	12	2	4
Arizona	699	77	319	10	13
Arkansas	475	419	26	1	8
California	9,158	3,393	6,549	611	144
Colorado	626	138	197	3	6
Connecticut	696	513	288	8	9
Delaware	113	300	32	0	0
District of Columbia	107	1,084	100	3	2
Florida	4,061	5,958	2,557	22	6
Georgia	1,023	1,411	84	5	1
Hawaii	144	9	23	55	2
Idaho	85	3	13	--	1
Illinois	1,494	1,221	546	29	13
Indiana	519	162	34	1	2
Iowa	108	22	13	5	--
Kansas	245	73	28	2	8
Kentucky	432	163	14	1	3
Louisiana	1,021	1,497	52	6	3
Maryland	460	1,392	77	10	8
Massachusetts	762	360	356	15	5
Michigan	394	308	56	3	5
Minnesota	401	81	40	5	10
Mississippi	219	536	7	2	--
Missouri	784	629	33	--	1
Montana	50	--	1	--	--
Nebraska	146	42	33	--	1
Nevada	418	135	139	14	12
New Hampshire	137	18	23	--	--
New Jersey	1,036	2,055	1,039	25	0
New Mexico	242	19	185	5	24
New York	4,951	5,773	4,656	201	46
North Carolina	634	1,155	62	7	26
North Dakota	27	3	0	0	5

Table III-3: 1999 State ADAP Annual Administrative Report Race/Ethnicity of Clients Served by State (*continued*)

<b>State</b>	<b>White</b>	<b>African American</b>	<b>Hispanic</b>	<b>Asian/Pacific Islander</b>	<b>American Indian/Alaska Native</b>
Ohio	1,103	561	71	2	11
Oregon	424	27	69	4	15
Pennsylvania	1,786	1,378	343	16	9
Puerto Rico	--	--	12,272	--	--
Rhode Island	729	157	93	6	51
South Carolina	370	778	26	3	3
South Dakota	33	4	3	0	3
Tennessee	240	329	30	7	5
Texas	4,021	2,640	2,631	31	23
Utah	146	13	45	2	3
Vermont	89	8	6	1	1
Virgin Islands	10	76	27	0	0
Virginia	636	1,157	81	19	3
Washington State	1,081	139	195	32	44
West Virginia	134	17	--	--	--
Wisconsin	430	147	64	2	6
<b>Total</b>	<b>43,316</b>	<b>36,956</b>	<b>33,556</b>	<b>1,176</b>	<b>547</b>

Table III-4: 1999 State ADAP Annual Administrative Report Age of Clients Served by State

State	Less than 13 Years	13-19 Years	20-44 Years	45 Years and older
Alabama	2	3	765	194
Alaska	--	--	42	13
Arizona	3	7	841	267
Arkansas	5	11	713	201
California	--	65	15,930	4,551
Colorado	1	3	810	275
Connecticut	2	5	1,055	452
Delaware	3	1	320	127
District of Columbia	1	2	899	428
Florida	172	93	9,164	3,306
Georgia	0	3	1,866	655
Hawaii	1	--	140	93
Idaho	--	--	82	20
Illinois	6	10	2,501	786
Indiana	1	1	600	133
Iowa	1	--	52	95
Kansas	2	--	283	71
Kentucky	0	2	475	136
Louisiana	68	26	2,011	564
Maryland	13	4	1,408	522
Massachusetts	8	1	1,456	201
Michigan	2	15	644	125
Minnesota	4	2	393	146
Mississippi	13	10	563	178
Missouri	5	2	1,178	262
Montana	--	--	42	9
Nebraska	1	2	187	32
Nevada	5	--	554	159
New York	136	64	11,004	4,884
New Hampshire	1	2	137	38
New Jersey	45	30	3,046	1,111
New Mexico	5	3	343	124
North Carolina	1	2	1,891	1
North Dakota	1	0	26	10
Ohio	2	2	1,306	438
Oregon	4	1	388	156
Pennsylvania	38	6	2,666	1,134
Puerto Rico	9	181	10,927	1,155
Rhode Island	1	3	833	203
South Carolina	2	4	810	364
South Dakota	0	0	31	12
Tennessee	--	1	468	142
Texas	53	57	7,235	2,057
Utah	1	--	162	46
Vermont	0	0	74	31
Virgin Islands	2	2	78	31
Virginia	11	8	1,841	578
Washington State	1	216	972	304
West Virginia	--	--	116	35
Wisconsin	3	4	512	130
<b>Total</b>	<b>635</b>	<b>854</b>	<b>89,840</b>	<b>26,985</b>

Table III-5: 1999 State ADAP Annual Administrative Report Total ADAP Funding and Expenditures by State

<b>State</b>	<b>Funding</b>	<b>Expenditures</b>
Alabama	\$5,715,940	\$5,712,974
Alaska	\$272,145	\$231,838
Arizona	\$5,115,934	\$4,916,622
Arkansas	\$5,264,342	\$1,970,226
California	\$129,266,103	\$111,252,936
Colorado	\$5,267,574	\$5,267,574
Connecticut	\$9,383,614	\$5,444,964
Delaware	\$1,524,466	\$1,098,208
District of Columbia	\$7,908,922	\$7,908,922
Florida	\$60,911,961	\$59,654,359
Georgia	\$17,112,513	\$10,730,076
Hawaii	\$1,711,700	\$1,160,291
Idaho	\$741,000	\$610,088
Illinois	\$20,288,146	\$16,736,635
Indiana	\$3,970,133	\$293,000
Iowa	\$898,948	\$734,089
Kansas	\$1,897,136	\$1,897,136
Kentucky	\$2,723,851	\$2,654,827
Louisiana	\$8,000,000	\$6,080,002
Maryland	\$14,948,196	\$10,569,987
Massachusetts	\$12,132,001	\$9,287,647
Michigan	\$6,611,589	\$5,041,109
Minnesota	\$1,810,029	\$1,489,834
Mississippi	\$5,041,843	\$2,989,029
Missouri	\$8,249,106	\$8,249,106
Montana	\$451,874	\$339,774
Nebraska	\$966,434	\$767,588
Nevada	\$3,598,352	\$3,598,354
New Hampshire	\$859,001	\$688,098
New Jersey	\$29,475,844	\$25,750,914
New Mexico	\$3,178,896	\$3,136,197
New York	\$134,308,902	\$122,449,612
North Carolina	\$15,873,296	\$9,884,647
North Dakota	\$107,812	\$75,060
Ohio	\$12,005,137	\$12,012,927
Oregon	\$2,612,332	\$1,215,710
Pennsylvania	\$22,967,699	\$18,265,601
Puerto Rico	\$21,129,081	\$15,971,443
Rhode Island*	\$5,232,784	\$3,441,235
South Carolina	\$6,446,558	\$6,446,408
South Dakota	\$169,578	\$169,303
Tennessee	\$4,404,000	\$2,292,291
Texas	\$40,822,102	\$39,513,607
Utah	\$1,218,614	\$910,253
Vermont	\$540,000	\$391,622
Virgin Islands	\$638,173	\$139,437
Virginia	\$24,120,664	\$10,792,932
Washington State	\$4,763,941	\$4,743,166
West Virginia	\$1,106,045	\$1,106,045
Wisconsin	\$2,860,802	\$2,329,157
<b>Total</b>	<b>\$676,625,113</b>	<b>\$568,412,860</b>

\*Rhode Island may not have reported on all 1999 expenditure.

Please note: Expenditure data may differ from appropriation data due to the calendar year reporting period for the Annual Administrative Report.

Table III-6: 1999 State ADAP Annual Administrative Report Number of Medications Offered, Total Clients and Expenditures by Drug Class

STATE	Protease Inhibitors (PI) (5 Drugs Available)			Nucleoside Reverse Transcriptase Inhibitors (NRTIs) (7 Drugs Available)		
	# Offered	# Clients	Expenditure	# Offered	# Clients	Expenditure
Alabama	5	868	\$2,010,006	7	1,577	\$2,591,131
Alaska	5	63	\$64,095	7	85	\$116,110
Arizona	5	1,103	\$1,905,987	7	2,055	\$2,281,165
Arkansas	5	412	\$354,351	7	1,342	\$1,232,401
California	5	19,844	\$38,740,291	7	35,405	\$48,322,693
Colorado	5	1,034	\$2,146,994	7	1,920	\$2,451,357
Connecticut	5	1,180	\$2,346,067	7	2,405	\$3,393,505
Delaware	4	361	\$473,971	6	577	\$465,201
District of Columbia	4	1,035	\$1,736,432	7	1,955	\$2,050,538
Florida	5	9,609	\$13,759,613	7	23,406	\$23,628,608
Georgia	5	1,570	\$4,573,443	7	3,101	\$5,702,783
Hawaii	5	223	\$440,333	7	406	\$470,295
Idaho	4	103	\$272,398	6	173	\$316,596
Illinois	5	2,909	\$5,344,675	7	5,667	\$8,701,111
Indiana	5	719	\$1,203,528	7	1,453	\$1,959,086
Iowa	4	0	\$262,518	7	93	\$434,830
Kansas	5	280	\$628,819	7	541	\$826,079
Kentucky	5	520	\$715,549	7	1,131	\$1,326,665
Louisiana	5	2,076	\$2,382,567	5	3,790	\$2,785,799
Maryland	5	1,834	\$3,809,647	7	3,318	\$4,668,167
Massachusetts	5	1,580	\$3,329,697	7	3,083	\$4,567,496
Michigan	5	800	\$1,760,134	7	1,276	\$2,154,263
Minnesota	5	389	\$260,710	7	878	\$435,876
Mississippi	5	519	\$1,004,392	7	1,100	\$1,386,160
Missouri	5	1,207	\$2,596,953	7	2,145	\$3,382,660
Montana	4	51	\$126,041	7	100	\$173,996
Nebraska	5	188	\$268,250	7	388	\$323,879
Nevada	5	686	\$1,133,718	7	1,448	\$1,898,337
New Hampshire	5	145	\$215,617	6	279	\$323,907
New Jersey	5	3,811	\$8,929,268	7	6,766	\$12,240,680

Table III-6: 1999 State ADAP Annual Administrative Report Number of Medications Offered, Total Clients and Expenditures by Drug Class (*continued*)

STATE	Protease Inhibitors (PI) (5 Drugs Available)			Nucleoside Reverse Transcriptase Inhibitors (NRTIs) (7 Drugs Available)		
	# Offered	# Clients	Expenditure	# Offered	# Clients	Expenditure
New Mexico	5	--	\$1,064,134	7	--	\$1,390,459
New York	5	14,835	\$39,051,412	7	27,019	\$50,401,796
North Carolina	4	1,254	\$2,632,748	7	3,199	\$4,754,800
North Dakota	4	21	\$23,357	5	36	\$30,318
Ohio	5	1,675	\$4,267,147	7	3,235	\$5,753,672
Oregon	5	514	\$371,365	7	946	\$481,899
Pennsylvania	5	2,620	\$6,223,481	7	4,976	\$8,464,671
Puerto Rico	4	7,227	\$3,909,965	6	10,443	\$3,532,879
Rhode Island*	5	731	\$1,456,518	7	1,681	\$2,362,634
South Carolina	5	1,172	\$2,199,686	7	2,283	\$2,912,353
South Dakota	NA	--	--	7	66	\$135,004
Tennessee	5	375	\$374,315	7	920	\$609,565
Texas	5	8,357	\$14,242,007	7	16,760	\$18,190,735
Utah	5	164	\$338,817	7	373	\$467,055
Vermont	5	75	\$113,707	7	176	\$195,114
Virgin Islands	2	62	\$64,104	6	83	\$70,136
Virginia	5	2,085	\$3,795,171	7	4,049	\$5,008,970
Washington State	5	1,152	\$1,496,049	6	2,145	\$2,100,364
West Virginia	5	158	\$446,637	6	300	\$551,149
Wisconsin	5	649	\$810,401	7	1,168	\$1,153,840

\*Rhode Island may not have reported on all 1999 expenditure.

Please note: Expenditure data may differ from appropriation data due to the calendar year reporting period for the Annual Administrative Report.

Table III-6: 1999 State ADAP Annual Administrative Report Number of Medications Offered, Total Clients and Expenditures by Drug Class (*continued*)

STATE	Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) (3 Drugs Available)			Opportunistic Infection Medication (OI) (30 Most Common Selected)			Other Medications (932 Drugs)		
	# Offered	# Clients	Expenditure	# Offered	# Clients	Expenditure	# Offered	# Clients	Expenditure
Alabama	3	336	\$550,508	6	912	\$535,387	1	4	\$17,265
Alaska	2	16	\$15,817	--	--	--	1	3	\$573
Arizona	3	545	\$496,823	8	1,409	\$141,883	2	79	\$15,264
Arkansas	3	291	\$199,003	19	865	\$211,733	110	305	\$17,891
California	3	8,440	\$10,044,547	22	23,785	\$9,464,713	81	27,407	\$4,680,692
Colorado	3	444	\$538,214	--	--	--	--	--	--
Connecticut	3	1,109	\$765,117	18	1,460	\$543,426	40	1,404	\$229,083
Delaware	3	81	\$55,610	19	417	\$83,259	55	490	\$20,162
District of Columbia	3	470	\$460,763	18	1,465	\$345,748	16	1,106	\$330,888
Florida	3	4,665	\$6,412,045	28	11,014	\$1,987,170	198	1,591	\$212,539
Georgia	3	591	\$1,114,519	--	--	--	--	--	--
Hawaii	3	91	\$131,523	17	276	\$112,501	11	30	\$5,639
Idaho	3	25	\$28,765	2	38	\$1,246	--	--	--
Illinois	3	1,517	\$1,994,244	20	3,075	\$840,429	23	514	\$135,417
India--	3	389	\$537,377	12	591	\$225,891	31	200	\$33,075
Iowa	3	15	\$30,924	12	--	\$60,030	4	--	\$36,991
Kansas	3	123	\$156,958	11	249	\$165,675	10	186	\$146,191
Kentucky	3	311	\$303,686	9	632	\$203,781	6	170	\$100,946
Louisiana	3	977	\$616,201	--	--	--	--	--	--
Maryland	3	844	\$1,009,686	24	2,383	\$798,703	21	771	\$283,788
Massachusetts	3	725	\$862,261	14	770	\$373,943	27	1,089	\$86,616
Michigan	3	359	\$494,262	18	878	\$400,839	111	361	\$135,790
Minnesota	3	170	\$62,983	15	430	\$36,075	41	477	\$39,306
Mississippi	2	357	\$450,159	11	555	\$133,965	6	86	\$14,353
Missouri	3	578	\$771,732	24	1,395	\$477,110	303	3,381	\$483,501
Montana	2	15	\$39,180	1	1	\$557	--	--	--
Nebraska	3	113	\$115,219	4	135	\$11,530	--	--	--
Nevada	2	174	\$220,355	13	660	\$265,876	22	546	\$68,265

Table III-6: 1999 State ADAP Annual Administrative Report Number of Medications Offered, Total Clients and Expenditures by Drug Class *(continued)*

STATE	Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) (3 Drugs Available)			Opportunistic Infection Medication (OI) (30 Most Common Selected)			Other Medications (932 Drugs)		
	# Offered	# Clients	Expenditure	# Offered	# Clients	Expenditure	# Offered	# Clients	Expenditure
New Hampshire	3	65	\$76,917	14	112	\$58,444	7	77	\$7,293
New Jersey	3	1,551	\$2,160,967	19	4,841	\$1,820,073	11	1,089	\$519,479
New Mexico	3	--	\$391,037	18	--	\$185,511	12	--	\$103,222
New York	3	6,529	\$10,470,810	26	22,173	\$10,199,089	308	47,069	\$10,142,071
North Carolina	3	843	\$1,185,791	16	1,935	\$703,300	5	402	\$608,008
North Dakota	3	11	\$12,482	8	34	\$9,498	10	14	\$1,596
Ohio	3	756	\$1,121,394	11	1,605	\$704,897	5	176	\$36,416
Oregon	3	257	\$126,796	21	566	\$95,454	294	2,269	\$139,674
Pennsylvania	3	1,137	\$1,659,041	19	2,937	\$1,373,373	19	732	\$544,962
Puerto Rico	2	995	\$366,608	16	2,813	\$435,910	37	7,664	\$380,982
Rhode Island*	3	490	\$430,136	17	1,216	\$420,229	3	33	\$5,471
South Carolina	3	528	\$672,700	13	1,091	\$198,437	6	63	\$14,055
South Dakota	2	14	\$10,456	9	43	\$14,192	12	30	\$9,651
Tennessee	3	158	\$87,883	12	743	\$146,173	3	17	\$2,227
Texas	3	3,400	\$3,848,555	12	6,267	\$2,001,812	5	96	\$48,078
Utah	2	86	\$101,337	--	--	--	2	6	\$1,400
Vermont	3	52	\$59,721	3	15	\$6,125	--	--	--
Virgin Islands	1	5	\$2,970	5	11	\$2,227	--	--	--
Virginia	3	1,083	\$1,137,263	13	2,451	\$720,243	3	387	\$34,366
Washington State	3	594	\$570,338	18	1,536	\$205,018	99	2,653	\$355,641
West Virginia	3	37	\$85,474	5	55	\$3,496	2	13	\$1,603
Wisconsin	3	299	\$257,377	9	644	\$100,698	1	40	\$6,842

\*Rhode Island may not have reported on all 1999 expenditure.

Please note: Expenditure data may differ from appropriation data due to the calendar year reporting period for the Annual Administrative Report.